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ABSTRACT

This journal is published quarterly by Project SHARE, a clearinghouse for improving the management of human services. Each Journal announces 150 of the documents included in the SHARE automated data base on subjects of concern to those responsible for the planning, management, and delivery of human services. The Journal is divided into four parts: the abstracts themselves, arranged in alphabetical order by author; an alphabetical list of corporate authors; an alphabetical list of documents; and a subject index. In the index, categories are listed alphabetically and include cross-references between conceptually related index terms and cross-references from synonyms to the preferred terms. Information on ordering documents announced in the journal, submitting documents, and SHARE's free reference service is also provided in the journal. (KC)

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Preface

About This Journal

The *Journal of Human Services Abstracts* is published quarterly by PROJECT SHARE, a Clearinghouse for Improving the Management of Human Services. PROJECT SHARE acquires, evaluates, stores, and makes available a broad range of documentation on subjects of concern, interest, and importance to those responsible for the planning, management, and delivery of human services. PROJECT SHARE is operated for the Office of the Assistant Secretary for Planning and Evaluation, Department of Health and Human Services, by Aspen Systems Corporation.

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Client referral
155, 156, 187, 207, 290, 291
Client tracking methods
See Integration-oriented keeping of client records
Clothing assistance services
189
COG's
See Councils of governments
College/university research centers
194, 280
Colocation of services
174, 187, 204
Communication and public information services
164
Communication mechanisms (interagency)
See Interagency communication mechanisms
Community/agency relationship techniques
See Agency/community relationship techniques

As can be seen, one document is relevant to at least two of the subject categories – abstract number 187.

(Sequential abstract no.) **187.** Pitts, Robert A.
Developing Generic Capability through Welfare Service Integration: Concepts, Alternatives, Limitations.
15 Sep 75, 59p Executive Summary available from PROJECT SHARE.
(Order number) **SHR-0000694** Available from NTIS, PC $9.00/MF $4.00

In the above examples, we see that abstract 187, entitled *Developing Generic Capability through Welfare Services Integration: Concepts, Alternatives, Limitations,* was written by Robert A. Pitts, that the report was published September 15, 1975, that it is 59 pages long, and that it costs $9.00 for a paper copy (PC) and $4.00 for a microfiche (MF) copy. The availability statement indicates that it is obtainable from the National Technical Information Service. If the document were available from PROJECT SHARE or a private publisher, the statement would say "PROJECT SHARE" or give another source and the address. We also note that there is a 6- to 10-page *Executive Summary* of the document available from PROJECT SHARE. The actual abstract of the document would immediately follow these citation data.

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Abstracts

151. Agopian, Michael W.
Parental Child Stealing: Recommendations for Resolving Child Custody Disputes.
Nov 80, 12p
SHR-0008408 Available from Lutheran College, Administration of Justice Department, 60 Olsen Road, Thousand Oaks, CA 91360, Attn: Michael W. Agopian.

This paper examines the present and potential extent of parental child stealing in America and presents policy proposals to strengthen enforcement of child custody orders. Between approximately 25,000 and 100,000 parental child thefts occur annually and the rate is expected to rise along with the soaring divorce rate. Resolutions should reduce the relitigation of custody determinations, provide a strategy for assuring a stable home life for children, and effectively enforce child custody decrees. Two sets of laws should be created: one making parental child stealing a Federal offense and the other calling for States to adopt specific statutes banning such activity. International treaties specifically addressing parental child stealing should also be established, and uniform standards for determining the best interests of the child should be developed. Judges should receive special training in handling child custody matters and should consider requiring parents to post a financial or property security bond to ensure that children are not abducted. Twenty references are supplied. Presented at the American Society of Criminology Conference, Families and Crime panel, November 6, 1980, San Francisco, California.

152. Agopian, Michael W.
Child Stealing Research Center, Los Angeles, CA.
Problems in the Prosecution of Parental Child Stealing Offenses.
1981, 14p
SHR-0008409 Available from Lutheran College, Administration of Justice Department, 60 Olsen Road, Thousand Oaks, CA 91360, Attn: Michael W. Agopian.

Using 91 cases of a parent abducting a child in violation of a custody decree in Los Angeles, Calif., this paper discusses the extent of parental child stealing and prosecutorial approaches to this offense. Although statistics on child stealing are scarce and the offense is probably underreported, the potential for rapid growth of such thefts is considerable due to increases in the divorce rate, one–parent families, and number of fathers who desire custody. The Los Angeles County District Attorney's Office screens child stealing cases by determining if the act violates a custody order. When the matter cannot be settled by a letter from the District Attorney's Office or mediation, a misdemeanor prosecution is initiated. The final course of action is filing felony charges, but this is used only in aggravated cases and where the child's whereabouts is unknown or the child is believed to be in another State. A review of 91 cases screened by the Los Angeles District Attorney's Office between July 1977 and June 1978 showed that the offender was not arrested or in custody at the time of the investigation in 72 percent of the cases. Charges were filed in only 55 percent. Major reasons for rejecting felony prosecutions in 41 cases were incomplete evidence connecting the suspect to the crime and referrals for misdemeanor prosecutions. When criminal action is initiated, the major impediment is locating the offending parent. Nearly a quarter of the study cases did not progress beyond the issuance of a bench warrant for the offender's arrest. Offenders are well insulated from prosecution if they move from the jurisdiction and do not seek legal custody. Parental victims cooperate with the prosecutor until the child is returned and then frequently drop charges. Because prosecutors must be sensitive to the complex relationships characteristic of many parent child thefts, strict application of the criminal process is rare. References are included. Presented at the Western Society of Criminology Conference in Newport Beach, Calif., on February 29, 1980.

153.

153. American Hospital Association, Chicago, Il.
Future of Health Planning.
1981, 209p
SHR-0008113 Available from American Hospital Association, 840 North Lake Shore Drive, Chicago, IL 60611.

Summary results are presented from a 1980 national invitational conference on the future of health planning. The conference consisted of small–group workshops and plenary sessions that focused on health planning and the hospital's role, responsibilities, and limitations; the role of voluntary mechanisms in assisting and augmenting hospital planning; and the role of government regulatory and financing mechanisms in stimulating effective hospital planning. Conference attendees generally agreed that hospitals have public service responsibilities and need to continue to move toward effective strategic planning within a community framework. There was a consensus that planning should be separated from regulation. Support was voiced for voluntary community–based health planning that recognizes regional differences as key components for effective health planning. Although attendees agreed that the present health planning law needs major modifications, they were reluctant to call for the total elimination of the act or certificate–of–need processes in the States. There was no general agreement on modifications needed in financing mechanisms, but the emphasis was upon providing financial incentives that would reward hospitals for effective management and sound planning. The conference agenda and a list of conference attendees are appended. Conference papers contain notes, references, and tables. Report of a national invitational conference, November 9-11, 1980.

154. Anchondo, Jorge.
Texas Advisory Commission on Intergovernmental Relations, Austin.
Implementing Management by Objective: Checklist Based on the Experience in Texas State Government.
Sep 81, 34p
SHR-0008819 Available from Texas Advisory Commission on Intergovernmental Relations, PO Box 13206, Austin, TX 78711.

The report provides a practical step–by–step approach to implementation of management by objectives (MBO) as well as discussion of experiences of Texas State agencies with MBO. The guidelines to establishing MBO comprise 11 consecutive steps from assessing the prospects for starting the program to reviewing the agency's personnel policies and practices and instituting methods to deal promptly with employee problems. Significant interim steps include becoming familiar with the philosophy and terminology of the system, adopting a formal policy to establish an MBO program, appointing someone to manage MBO activities, and establishing a work or development plan. Employee–related steps include increasing awareness about the program, deciding on the general method of implementation, setting realistic objectives, developing action plans, and establishing performance evaluation and counseling procedures. Concluding remarks relate to the experiences of establishing MBO at the Texas Department of Highways and Public Transportation and at the Department of Water Resources. Appendices list participating Texas agencies, nine references, a performance planning approach form, and basic guidelines for grievance and appeal procedures. An intergovernmental brief.

155. Baker, Michael.
Florence Heller Graduate School for Advanced Studies in Social Welfare, Waltham, MA. Levinson Policy Inst.
Selective Review of Client Assessment Tools in Long-Term Care of Older People.
Oct 80, 131p
SHR-0008812 Available from Levinson Policy Institute, The Florence Heller Graduate School, Brandeis University, Waltham, MA 02254.

This paper discusses the significance of client assessment to effective and efficient long–term care, reviews selected client assessment scales and procedures, and offers a critique and implications for future development in assessment design. Findings from research on aging and the experience of the elderly with long–term care needs who depend on the existing care system are discussed in relation to the design of better care systems in general and the assessment function in particular. Also considered are the implications of policy–level concerns on the design of the assessment function. The paper describes and discusses over 20 assessment designs, including scales that rate functioning and behavior, procedures that involve a battery of instruments, and scales for use in multidimensional assessment. Assessment scales constitute one major group of assessment designs that may be characterized by their ability to provide a quantitative profile and/or total assessment score. Most of these scales have been developed for use in institutional settings either as part of care planning or management, or in admission screening. Assessment procedures often include scales but generally are as concerned with sampling a broad range of client behaviors or conditions that signal functional difficulties that may degrade well–being in any significant way. The procedures employ various recording formats including client interviews, semistructured checklists, observer ratings, and a narrative style (separately or combined with another format). The major strengths and weaknesses of these various designs are examined. The paper concludes that the development of devices that aid, rather than replace, reasonably qualified professionals in identifying and interpreting client characteristics may represent the best near–term research investment. Tables and chapter notes are provided.

156. Bernstein, Alice G.; Love, Robert; and Davis, Glenn E.
Market Facts, Arlington, VA. Public Sector Research Group.
Collaborative Data Collection and Analysis for Community Support Program Demonstration Projects.
Feb 81, 432p
SHR-0006974 Available NTIS PC $31.50/MF $4.00

This report assesses the reliability and validity of individual items and scales used in the Uniform Client Data Instrument (UCDI) of the National Institute of Mental Health. The instrument was constructed to monitor how various types of Community Support Programs (CSP's)—serving chronically mentally disabled adults—were operating and to identify clients and how they were adjusting to life in the community. The report also examines feasibility issues pertaining to the use of case managers to complete the UCDI; describes the background and activities of case managers; and explores the relationship among client demographics, clinical history, adjustment, and service use. Data are collected from completed UCDI's returned by case managers, scores on the Katz Social Role and Leisure Time Activity Scales for about 300 clients, and Brief Psychiatric Rating Scales scores for about 100 clients. Findings established the feasibility of having case managers complete the UCDI and pointed out that the adjustment–to–the–environment items on the UCDI could be reliably used only by case managers who were familiar with their clients. Other findings present demographic information on clients, clinical histories, and data on services utilization and clients' adjustment to the environment. Case managers are portrayed as typically female (62 percent), white (86 percent) and in their thirties. Finally, data indicate that most clients met the eligibility requirements to participate in the CSP. Study instruments and findings, tables, and 12 references are appended. (Author abstract modified).

157.

157. Birmingham Regional Planning Commission, AL.
Feasibility of the Senior/Special Program Being Operated by a Private Operator or a Social Service Agency.
Feb 81, 86p
SHR-0008817 Available from Birmingham Regional Planning Commission, 2112 11th Avenue South, Suite 220, Birmingham, AL 35256.

This report outlines the implications and possibilities involved in the transfer of the Senior / Special Program in Birmingham, Ala., from the Birmingham Council Transportation Committee to a private operator or a social service agency. The program provides transportation for persons having mobility limitations. Anyone over 60 or handicapped is eligible for the service. The report concludes that the alternatives of having the program transferred to a private operator or a social service agency appear to be cost–justified as well as workable. A request for a final proposal and a negotiation process would be the next step. However, the desirability of transferring the operation is tenured by the following considerations: if the transit authority funding issue is resolved, the areawide system would result in providing extensive door–to–door handicapped service in 36 vans; the system would have to be funded from the regular areawide funding source or by special allocation of all member governments; and the question of the existing vans would have to be addressed. Therefore, the report recommends that no final decision concerning transfer be made until the funding situation of the transit authority is resolved at least on a semipermanent basis and that service should be provided only to the handicapped, not the elderly. Tables, the contract, and other related proposals are included. (Author abstract modified).

158. Brace, Paul K.; Elkin, Robert; Robinson, Daniel D.; and Steinberg, Harold I.
Peat, Marwick, Mitchell, and Co., Detroit, MI.
Reporting of Service Efforts and Accomplishments.
1980, 114p
SHR-0008314 Available from Financial Accounting Standards Board, High Ridge Park, Stamford, CT 06905.

Reports from 120 nonbusiness organizations in 6 categories were examined to determine the nature and extent of these organizations' reporting about service efforts and accomplishments. The six types of organizations included colleges and universities, hospitals, human service organizations, State and local governmental units, trade and professional associations, and philanthropic foundations. The study was commissioned by the Financial Accounting Standards Board as part of its conceptual framework project on nonbusiness organizations. Review of more than 1,000 instances in which information on service efforts and accomplishments were reported revealed that each type of organization communicated this type of information. In addition, many of the data were quantified. Information on efforts was more readily found than was information on accomplishments, and information on efficiency was more prevalent than information about effectiveness. Although output measures were commonly reported, much less information was conveyed regarding results. Trend data or multiyear data were not commonly found. Most reporting on service efforts and accomplishments was done in reports other than general purpose external financial reports. Philanthropic foundations faced unique problems in reporting on accomplishments because most of the services they found are conducted by grant recipients. It was concluded that reporting on service efforts and accomplishments is an appropriate part of financial reporting and that such reporting could be improved, although further research is needed on the amount or level of detail that would be appropriate. Detailed analyses of reporting for

each type of organization, tables, and footnotes are included. Appendices present the study instrument, a general bibliography listing 17 sources, and chapter bibliographies. (Author abstract modified). Research report.

159. Brotz, Charles.
Wisconsin Dept. of Health and Social Services, Madison. Program Analysis Section.
DHHS Employment and Training Programs: A Background and Issue Identification Paper.
Aug 81, 45p
SHR-0008669 Available NTIS PC $7.50/MF $4.00

This paper summarizes the employment programs operated by Wisconsin's Department of Health and Social Services (DHHS) in the divisions of corrections, community services, vocational rehabilitation, and economic assistance. The paper first presents a general overview of the nature and extent of the unemployment problem and the governmental policies directed toward solving it. Next, a framework or classification system for distinguishing between the various types of employment programs is described. This analytical framework permits a review of the economic theory and policies upon which the department's policies are based. In the final section of this report, the 19 employment-related programs administered by DHHS are examined. Information on the history, purpose, and objectives of each program is given, along with data on the target population and eligibility factors, services provided, staffing, funding, and administrative organization. Issues and policies of current interest are also reviewed. Among the programs in corrections are work release, study release, adult work experience, youth work experience, transitional employment, purchase of service, and Wisconsin corrections industries. Community services include the Senior Community Services Employment Program, Refugee Resettlement Program, Work Incentive, Displaced Homemaker Center, grants for employment of developmentally disabled persons, sheltered employment, and title XX education and training. Title I-B basic services, homecrafts, and workshop for the blind constitute the vocational rehabilitation category. The Relief to Needy Indian Persons Work Experience Program represents the department's efforts in the area of economic assistance. Tabular data are provided.

160. Bruce, Robert; Bozzo, Robert; and Mann, Sheldon.
Granville Corp., Washington, DC.
Exploratory Evaluation of Selected Long-Term Care Channeling Projects: Cross-Site Analysis of the Programmatic and Functional Components.
1 Jul 81, 53p
SHR-0008680 Available from The Granville Corporation, 1133 Fifteenth Street NW, Suite 1100, Washington, DC 20005.

This cross-site analysis of the programmatic and functional components of six long-term care channeling projects highlights the programs of the six projects, along with important issues emanating from their operations. "Channeling" refers to the organizational structures and operating systems required in a community to link people who need long-term care to the appropriate services. The key elements of channeling are timely client assessment and case management interventions as methods for organizing care to meet individual needs and controlling long-term care expenditures. The goals of this exploratory evaluation of six such channeling projects are to ensure that program objectives and assumptions are well-defined and plausible and that further program evaluation is feasible and likely to be useful. An additional goal of the evaluation is to describe the existing programs and their problems so as to determine the relevance of their experience for the National Channeling Demonstration Program (NCDP)—a Federal program intended to stimulate improvements in the long-term care system

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at the State and community levels. This cross-site analysis of the programmatic and functional components presents the implications of evaluation findings for the NCDP. Components discussed are planning and implementation, caseloads and staffing, major funding sources, eligibility, outreach and referral, intake and eligibility determination, assessment and reassessment, care planning, service authorization, case management and service monitoring, and data collection and outcome measurement. The seven other reports derived from the evaluation examine in detail the six projects and present an appendix containing all key forms used by the sites. See also related document, SHR-0008671.

161. Bruce, Robert; Bozzo, Robert; and Mann, Sheldon.
Granville Corp., Washington, DC.
Exploratory Evaluation of Selected Long-Term Care Channeling Projects: The California Multipurpose Senior Services Project as Implemented by Jewish Family Services and The Senior Care Action Network.
1 Jul 81, 162p
SHR-0008675 Available from The Granville Corporation, 1133 Fifteenth Street NW, Suite 1100, Washington, DC 20005.

This evaluation of California's Multipurpose Senior Services Project (MSSP) discusses the implementation and performance of MSSP at two of eight local sites—the Jewish Family Services (JFS) of Los Angeles and the Senior Care Action Network (SCAN) in Long Beach—and the function and measurement aspects of MSSP as a whole. MSSP is basically a research and demonstration program to test cost savings approaches to deinstitutionalization of the elderly. It provides State funds to local agencies who must adhere to required controls and structures. The information collected on site revealed some differences in approach and emphasis between the sites despite a common objective—to aid elderly persons to live independently. JFS is a traditional social service agency that operates the Freda Mohr Center, a multiservices center providing casework and case management services, counseling, help with living arrangements, transportation, job referral, health screening, and other services. The Senior Care Action Network (SCAN) taps public and private resources through a structured case management system with a single point of entry. Its focal point is a multiservice center—the Long Beach Senior Center. The MSSP research design stipulates that a control group of clients be studied along with the experimental group and that analysis be conducted of client characteristics and problems, costs, adequacy of MSSP response, and Medi-Cal utilization trends. The contractor operates a computerized management information system and cooperates with staffs of other departments at the State level. Both JFS and SCAN have established financial systems separate from those of the host agencies and have found that MSSP requires a more complex cost accounting system than do the agencies' ongoing programs. A series of models describe the agencies' performance regarding MSSP in the areas of organization, client pathway and program elements, client eligibility, outreach and referral, intake and prescreening, client assessment care planning, arrangement for services, service provision and monitoring, billing procedures, linkages to other agencies, outcome measurement and data collection, and facilitators, problems, and issues. Evaluation data indicated that the MSSP assessment instruments are widely considered to be too long, taking about 1 hour to administer. The MSSP control system was implemented in both sites after the program had been operating for a few months, so that delays in selecting and assessing the comparison group could affect evaluation results. Some turf problems have arisen in planning and implementing MSSP, but they do not appear to be critical. Attachments include samples of key forms used by the MSSP project at the two sites.

162. Bruce, Robert; Bozzo, Robert; and Mann, Sheldon.
Granville Corp., Washington, DC.
Exploratory Evaluation of Selected Long-Term Care Channeling Projects: The In-Home Services Program of the Southwest Arkansas Area Agency on Aging.
1 Jul 81, 65p
SHR-0008674 Available from The Granville Corporation, 1133 Fifteenth Street NW, Suite 1100, Washington, DC 20005.

This exploratory evaluation of the In–Home Services Program of the Southwest Arkansas Area Agency on Aging is part of a nationwide assessment of selected long–term care "channeling" projects. The In–Home Services Program serves 12 counties in the southwest corner of the State. The general procedures for the program are the same for all Area Agencies on Aging (AAA's); however, both the specific form of the program and an AAA's experience with it may vary across the State. For the Southwest Arkansas AAA, a client's need for personal care services is assessed by a caseworker and a registered nurse, using an assessment instrument developed by the State. Personal care services are provided by trained inhome services providers who have separately negotiated contracts for each client. Providers serve supplemental security income (SSI) recipients and are supported by medicaid. In–home services aides serve the clients ineligible for SSI and are funded by the Comprehensive Employment Training Act Title II–D and Older Americans Act Title V. Licensed Practical Nurses monitor the services. Overall, case management and arrangements for other appropriate services are the responsibility of the caseworkers. This evaluation report discusses program objectives, planning and implementation, organization, program elements and client pathway, billing procedures, linkages, outcome measurement and data collection, and facilitators, problems, and issues. The key forms used are attached.

163. Bruce, Robert; Bozzo, Robert; and Mann, Sheldon.
Granville Corp., Washington, DC.
Exploratory Evaluation of Selected Long-Term Care Channeling Projects: The Massachusetts Home Care Program as Implemented by Greater Lynn Senior Services, Inc.
1 Jul 81, 44p
SHR-0008679 Available from The Granville Corporation, 1133 Fifteenth Street NW, Suite 1100, Washington, DC 20005.

This study focuses on the home care program administered by Greater Lynn Senior Services, Inc. (GLSS) of Lynn, Mass. The program is responsible for providing elders the opportunity to remain in their homes with support services, such as homemaker services, chore services, case management, and information and referral. The program objectives are to assemble the network of social support services needed to avert institutionalization of Greater Lynn elders, remove barriers to personal mobility by improving transportation resources for Greater Lynn elders, and improve the efficiency and accessibility of nutrition services so that more needs of Greater Lynn elders are served. In implementing its home care program, GLSS went through the following basic steps: (1) became a private, nonprofit organization, (2) worked out staffing needs, (3) developed assessment procedures, (4) developed a work plan, and (5) developed a financial plan. GLSS had few problems in the area of service provision because of its preexisting status as a multiservice center. The social service linkages were already in place, as were the referral mechanism. The greatest problems were in developing administrative procedures and setting up the fiscal management system. Administrative problems included such issues as how to order supplies for an increased staff, how to calculate staff space needs, and how to handle more complex financial management requirements. Care assessment and care planning are centralized and carried out by the main GLSS office. Other functions are more decen-

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tralized, with six councils on aging being a key component of the service process. GLSS has approximately 850 active cases under the home care program. The client / case manager ratio is about 72 to 1, which is in concert with the State regulations. Problems of the home care service identified by GLSS include limited funding for homemaker services, low level of coverage for the companion program operations, the unavailability of evening hours and weekend home care, and the lack of respite care to relieve families from care duties. Diagrams and attached forms are included.

164. Bruce, Robert; Bozzo, Robert; and Mann, Sheldon.
Granville Corp., Washington, DC.
Exploratory Evaluation of Selected Long-Term Care Channeling Projects: The New York State Long-Term Home Health Care Program as Implemented by the Metropolitan Jewish Geriatric Center.
1 Jul 81, 59p
SHR-0008676 Available from The Granville Corporation, 1133 Fifteenth Street NW, Suite 1100, Washington, DC 20005.

This report assesses the New York State Long-Term Home Health Care Program (LTHHCP) implemented in 1979, with particular attention to the project operated by the Metropolitan Jewish Geriatric Center (MJGC) in Brooklyn. The LTHHCP was designed to allow a single organization—a nursing home, hospital, county health department, or community agency—to design and manage a comprehensive program of community and home health care services. The MJGC, which was selected as one of the nine initial sites, offers skilled nursing care, intermediate care, day care for older adults, respite service, and a hospice unit. Following a review of LTHHCP's objectives and its legislative history, problems encountered in the application and setup processes are discussed. The LTHHCP's organization and staffing are detailed for State and site levels, as is the client pathway at MJGC. Also covered are eligibility requirements, outreach and referrals, intake procedures, and medical assessment. The role of New York's Human Resources Administration (HRA) is described, as are the home assessment and care planning phases conducted jointly by the HRA case manager and the MJGC nurse coordinator. After the HRA approves the case budget, the MJGC through the nurse coordinator arranges for services and monitors delivery, largely through weekly reports from visiting nurses. Periodical medical reassessments are required. The report also considers billing procedures, linkages between State and local levels, difficulties in data collection, and proposed evaluations. Finally, problems and issues that have surfaced during the implementation of LTHHCP are examined. Factors that contributed to the MJGC's ability to develop its program quickly are identified, such as aggressive marketing, high quality staff, and established linkages. The appendices contain a list of persons interviewed for the report and key forms used by the MJGC.

165. Bruce, Robert; Bozzo, Robert; and Mann, Sheldon.
Granville Corp., Washington, DC.
Exploratory Evaluation of Selected Long-Term Care Channeling Projects: The State of Utah's Alternatives Program as Implemented by the Weber County Human Services Department.
1 Jul 81, 38p
SHR-0008681 Available from The Granville Corporation, 1133 Fifteenth Street NW, Suite 1100, Washington, DC 20005.

The alternatives program (TAP) is a State-supervised locally administered program in Utah to provide services that will enable elderly people with social needs to live independently from an institution. This report evaluates TAP as administered by the Weber County Human Services Department. One of the State's 12 TAP

sites, Weber County provides health and social services through county agencies with virtually no assistance from the private or voluntary sector. A shortage of residential care beds and waiting lists for admissions characterize the county's residential health care. The report evaluates TAP's performance in these areas: (1) accomplishment of objectives; (2) planning and implementation; (3) organization; (4) program elements and client pathway; (5) billing procedures, (6) linkages to other State departments; (7) outcome measurement and data collection; and (8) facilitators, problems, and issues. The evaluation found that TAP has strong support from organizations serving the elderly in the State, that the State was cooperative in financing TAP programs, that the sites adhered well to TAP rules, and that the State Division on Aging accorded Area Agencies on Aging (AAA) offices considerable flexibility in implementing and conducting their local TAP's. While the Division prescribes general program procedures, the sites are given wide discretion concerning the identification of service needs, selection of providers, and case management decisions. Weber County was supportive of this policy. Weber County, with the AAA located within the Department of Human Services, is able to readily access the services available from other programs. Problems are a shortage of providers and a limited capacity for handling medical admissions, since TAP personnel are oriented to dealing with persons at risk of institutionalization for social reasons. Forms used by the Weber County TAP are attached.

166. Burd, Reg.
Guidelines on the Transfer of Human Service Information Systems.
1979, 45p
SHR-0008941 Available from Battelle, Columbus Division, 8330 Old Courthouse Road, Suite 810, Vienna, VA 22180.

This report discusses human service information systems, technology transfer as a system implementation strategy, the technology transfer process, and factors affecting successful systems transfer. Every organization that delivers human services has an information system. The information system activities of these agencies normally fall into two categories: client-related and organization-related. The components of human service information systems include information system policies and procedures, personnel, forms, software and hardware, and output. Human service agencies need data to function and they interact by exchanging data. The user transforms these data into information. Information systems transfer can take place at the concept, design, and operational levels. Systems transfer can save valuable time and reduce implementation costs because of the reduced level of effort required in several tasks. The process of transferring human service information systems comprises four major phases: determining user needs, systems selection, systems installation, and training and operation. The functional specification is the anchor of the implementation process; it describes the characteristics that the transfer system must possess in order to be a viable candidate for transfer. Contents of the functional specification, approaches to and a procedure for conducting the functional requirements analysis, and a strategy for developing information systems are presented. In a discussion of factors affecting systems transfer, it is emphasized that satisfying pretransfer conditions, selecting the appropriate system and maintaining good documentation are critical ingredients of a successful transfer. Flow charts and other illustrations are provided.

167. California Office of Appropriate Technology, Sacramento. Community Assistance Group.
Local Energy Initiatives: A Survey of Cities and Counties in California.
1980, 58p
SHR-0008598 Available from Office of Appropriate Technology, 1600 Ninth Street, Sacramento, CA 95814.

167.

This pamphlet reports on a survey of California's local governments and community groups taking action to cut energy use and lists the energy initiatives planned or implemented throughout the State. In addition, the ideas are assembled by kind and described in terms of how different jurisdictions have approached their problems. These descriptions also mention relevant State and Federal laws and quantify potentials for some of the proposed energy activities. Included in this listing of energy activities are such efforts as formulation of energy policy, the position of energy coordinator, building energy management programs, public energy conservation programs, weatherization programs, local mass transit, a bicycle transportation system, and vanpool and carpool programs. Still other ideas in the list are methane from landfills and from wastewater, aquaculture wastewater treatment, refuse–to–energy conversion, recycling, cogeneration, alcohol fuels, wind installations, and small–scale hydropower. Since new actions are continually being adopted by local jurisdictions, the material in the pamphlet may quickly become outdated. An update of the study is intended for January 1981. About half of the data are presented in tabular form.

168. California Office of Appropriate Technology, Sacramento. Community Assistance Group.
Working Together: Self-Reliance in California's Communities.
1981, 110p
SHR-0008023 Available from Office of Appropriate Technology, State of California, 1600 Ninth Street, Sacramento, CA 95814.

This book describes the movement toward self–reliance in American neighborhoods where people are working cooperatively to improve housing, fight redlining, provide their own food and energy, and improve community services. The first section discusses some of the local, national, and global problems that have triggered local self–reliance initiatives and explores the human, natural, and financial resources available in a community. Section two looks at some examples of community self–reliance taking place in California, with emphasis on the human creativity and cooperation needed to improve a community's quality of life. The book's third section discusses the process of organizing for community self–help projects. The discussion and examples are designed to show that solving many contemporary problems can often begin most effectively at the local level. In addition, the book is intended to provide a handbook of ideas that may be adapted or expanded for application in other communities. Approaches to providing services are illustrated by a Chinese community housing corporation, an alternative consumer energy society, the Toyabe Indian health project, and a farmers' market association. A rent control group, a citizens' action league, and an agricultural protection council represent efforts against inequity. Food cooperatives, community industries, and a credit union are examples of economic endeavors, while a wastewater authority, a center for appropriate technology, and a community environmental council represent groups working toward long–range goals. Illustrations are provided. The appendix lists resources in the form of books, newsletters, and periodicals, agencies and groups, and the California groups discussed in this book.

169. California Public Interest Research Group, San Diego.
Housing Project: An Advocacy Training Program.
Oct 81, 259p
SHR-0008863 Available from CalPIRG/The Housing Project, 3000 E Street, San Diego, CA 92102.

This document was designed for San Diego, Calif., housing consumers, particularly those with special housing needs, to give them the tools, whether basic information about local policy–making processes or reliable research documenting the extent of the problems that lie at

the center of controversial housing issues, so that they can participate more effectively in the decisionmaking that deeply affects their lives as consumers. The manual is divided into 20 sections, each a 3–hour to 4–hour training session on key issues of housing policy and consumer participation. The first 10 sections focus on renters. Individual sessions cover such topics as strategies for tenant advocacy, understanding rent subsidy and assistance programs, the place of renters in neighborhood deterioration and reinvestment, housing cooperatives, and building a strong tenants' union. The second section (10 sessions) is devoted to homeownership, with an emphasis on subjects such as affordable homeownership, the ABC's of home financing, ways for cities to provide affordable housing, preserving affordable neighborhoods, unconventional forms of homeownership / tenure, and zoning and permit processing. Appendices include outreach materials, a roster of participant organizations, and a roster of speakers. An index is included.

170. Callahan, James J.; Plough, Alonzo L.; and Wisensale, Steve.
University Health Policy Consortium, Boston, MA.
Long-Term Care of Children.
Jul 81, 66p
SHR-0008064 Available from Brandeis University, University Health Policy Consortium, Florence Heller Graduate School, Waltham, MA 02254.

Data on the cost of long–term care of children are presented, and implications of the Health Care Financing Administration are discussed. Findings show that the number of children needing some type of long–term care services is between 3.2 to 3.8 percent of the child population (2.1 to 2.5 million children); this absolute number will increase slightly over the next 10 years. The number of severely handicapped children is between 230,000 and 500,000. Total health and educational expenditures for these children range from $5 billion to $7 billion annually. Responsibility for sharing these costs is distributed among families, private insurance, and Federal, State, and local public agencies. Long–term expenditures for selected conditions can be very high; for example, $250,000 (birth to age 21) for a child with spina bifida. Yearly costs range between $20,000 and $25,000 for children in intermediate care facilities and skilled nursing facilities, and up to $100,000 for children in specialized hospitals. Medicaid expenditure reporting is grossly inadequate for developing any national estimates of medicaid's share of the problem. The major areas of costs for medicaid are care of the developmentally disabled child in institutions and in the public school system. There is potential for expanding the pool of persons eligible for medicaid or selected medicaid–reimbursed services through greater use of supplementary security income for disabled children, an expanded definition of developmentally disabled, and an expanded definition of "other related services." Tables and footnotes are supplied. Appended are statistical data, definitions of limitations in activity, descriptive information on spina bifida, and a list of 69 data sources. (Author abstract modified). University Health Policy Consortium background paper.

171. Chutis, Laurieann.
National Self-Help Clearinghouse, New York.
Self-Help Mutual Aid Groups and Community Mental Health Center's: Effective Partners.
1980, 54p
SHR-0008003 Available from National Self-Help Clearinghouse, 33 West 42nd Street, Room 1206A, New York, NY 10036.

This document provides a step–by–step model that community mental health centers (CMHC's) may follow in developing and working with self–help groups in their communities. Although the focus is on actual organizational issues, the role of the mental health professional is highlighted.

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The first step is to establish priorities by identifying commitment and conducting needs and resource assessments. CMHC's should first establish a mutual sharing of information and avoid duplication of the efforts of existing organizations. Next, a task force made up of members of the targeted client group should be formed. This process involves recruiting task force members and establishing the task force's role. The self-help organization itself relies heavily on the task force, which becomes the executive committee of the organization and sets its goals and objectives. The mental health worker must help formulate the needs questions, and the executive committee must decide on the answers. The executive committee recruits members according to whether the organization's purpose is informal sharing, individual help, or political action. Issues in recruitment include publicity / public relations, legitimization, and referral sources. Eventually, the self-sustaining, self-help organization reevaluates the role of the mental health worker. The worker should not withdraw consultation services too fast because an ongoing working relationship between the group and the center is needed. Consultation by the professional can occur when there is growth of self-help group services, attrition, new directions, interorganizational questions, or a need for new goals. The mental health professional must always remember that the natural helper is the expert. In addition to ongoing consultation support, the mental health professional can provide training and orientation for new group helpers. A total of 28 references and a publications list are provided.

172. Citizens Committee for New York City, Inc.
Funding Neighborhood Programs.
1980, 51p
SHR-0008020 Available from Citizens Committee for New York City, Inc., 3 West 29th Street, New York, NY 10001.

This booklet, intended for use mainly by neighborhood self-help organizations, provides information and ideas on how to raise funds at the neighborhood level; how to approach business and industry, foundations, and Federal funding sources; and the tools needed for each endeavor. Additional information is included on accounting, volunteers, boards of directors, legal incorporation, and resources needed. The manual begins with suggestions for motivating and recruiting members and volunteers. Subsequent chapters on basic principles of fundraising suggest a variety of events for attracting neighborhood funds. It is suggested that writers of proposals begin with a hard look at the organization and its aims to assess chances realistically. Tips are given on the formulation of a successful proposal, and public and private funding sources are examined. Concluding advice focuses on minor strategies such as selecting a fresh and descriptive name for the organization, learning as much as possible from others' experiences, setting up a funding source card file, joining a coalition with similar interests, getting technical assistance from outside experts, and following current events that relate to the organization's issue of interest. A resource list provides fund-raising materials and information. Tabular data and illustrations are also given.

173. Commission on Accreditation of Rehabilitation Facilities, Tucson, AZ.
Standards Manual for Rehabilitation Facilities.
1980, 106p
SHR-0008085 Available from Commission on Accreditation of Rehabilitation Facilities, 2500 North Pantano Road, Tucson, AZ 85715.

This manual for the rehabilitation community serves as a source of definitions, criteria, standards, interpretations, and reference and resource materials on the various elements of rehabilitation facility operation. Its standards and supporting materials are derived from standards and publications developed by the Association of Rehabilitation Centers and the

National Association of Sheltered Workshops and Homebound Programs. The manual presents the requirements that must be met in order to be eligible for accreditation as a rehabilitation facility. The standards for rehabilitation facilities are organized under nine basic areas: purposes, organization and administration, services, personnel, records and reports, fiscal management, physical facilities, community involvement and relations, and program evaluation. Under each principle stated for each area is a series of basic standards followed by specific requirements that identify conditions, functions, or activities needed to fulfill the basic standard. Additional standards that are applicable to a specific program category are detailed at the end of each standards area. An interpretation of the standards gives the rationale for standards in each area, helps the facility relate standards to operations, and provides examples of methods for fulfilling a standard. A list of resource materials is included that is cross-referenced to the specific standards to which the materials apply. The list represents the overall documents necessary for a facility to maintain and support an effective program. Finally, accreditation policies and procedures of the Commission on Accreditation of Rehabilitation Facilities are furnished.

174. Community Council of Greater New York.
Ethnicity: An Issue for Human Services in the 1980's. Findings and Implications of Recent Research.
Apr 81, 37p
SHR-0007758 Available from Community Council of Greater New York, 225 Park Avenue South, New York, NY 10003.

Findings and implications are presented from two studies that explored ethnicity and race as factors in the delivery of human services. In one study, 54 agencies serving Asian American, Mexican American, black, Puerto Rican, and Native American Indian families and children were visited, and staff and parents of children in care were interviewed. An attitude scale designed to measure attitudes toward how various ethnic groups and races should interact with one another (a continuum from equal rights or "melting pot," to cultural pluralism, to the active promotion of ethnic identity) was sent to over 1,600 members of the National Association of Social Workers and to about 600 social workers in the ethnic agencies visited. Findings showed that child welfare workers as a whole revealed attitudes on ethnic services somewhere between "equal rights" and "cultural pluralism," while workers in ethnic agencies showed a greater degree of ethnic commitment. The second study compared three voluntary nursing homes in which the majority of residents were black aged with two voluntary nursing homes that were predominantly white with a small percentage of blacks in the resident population. Administrators, residents, and family members were interviewed using the same attitude scale as in the other study. Findings showed that black administrators felt more strongly than white administrators about actively promoting pride in black culture within the programs provided. Residents in both types of facilities placed greater emphasis on including cultural components in programming than on matching staff and residents. Implications of the research are discussed. Also included is a discussion of the studies' findings by participants in the workshop where the studies were presented. Proceedings of a research utilization workshop, November 19, 1980.

175. Community Services Administration, Washington, DC. Office of Policy, Planning, and Evaluation.
Policy Issues for the Elderly Poor.
1981, 121p
SHR-0008951 Available from Diane Downey, Human Services Specialist, NCAAEDA, 815 15th Street NW, Suite 610, Washington, DC 20005.

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Problems of the low-income elderly (income adequacy, energy, minority group issues, and rural environment) are examined in this series of papers, and policy implications are considered. Papers dealing with income adequacy of the elderly present a detailed description of poverty among the elderly and an analysis of the problems associated with the measurement of poverty among the aged, an examination of some fundamental changes in the social security system that would address some of the aforementioned issues, findings on the health and incomes of a group of early retirees, and an effort to identify determinants of nonparticipation of low-income elderly in income security programs. One of the papers in the chapter on energy analyzes the energy assistance programs in Minnesota, reviews their strengths and weaknesses, and suggests improvements and changes. The second paper compares the energy assistance programs in Virginia and Pennsylvania using a cost-effectiveness analysis and presents recommendations for future energy assistance policies. Papers considering minority group issues examine the impact of Federal health care policy on the black elderly and the economic well-being of retired Hispanics. Presentations dealing with the rural elderly document the inequities in public assistance that victimize the rural elderly, compare the services offered and used by the rural and urban low-income elderly, and examine economic impacts and policy issues affecting the rural elderly poor. The final paper on policy implications concludes that current policies toward the elderly are policies of rectification that are inadequate to correct decades of neglect and inequality. A comprehensive assessment of the elderly poor as a prelude to new policy development is recommended. Footnotes, references, and appropriate tabular and graphic data accompany the presentations. CSA pamphlet 6172-8.

176. Cornelius, Debra A.
George Washington Univ., Washington, DC. Regional Rehabilitation Research Inst. on Attitudinal, Legal, and Leisure Barriers.
Barrier Awareness: Attitudes Toward People With Disabilities.
1981, 72p
SHR-0008774 Available from George Washington University, 1828 L Street NW, Suite 704, Washington, DC 20036.

This introduction to attitudinal barriers to disabled persons discusses what the barriers are, how to recognize them, and what an individual can do to help reduce attitudinal barriers. An attitudinal barrier is defined as "a way of thinking or feeling resulting in behavior that limits the potential of disabled people to be independent individuals." Attitudinal barriers listed are avoidance, fear, insensitivity, stereotyping, misconception, discrimination, invisibility, discomfort, insecurity, and intolerance. Common myths or misconceptions about disabled persons in general are stated and facts presented to counter each stated myth. This same format is used in discussing persons with particular disabilities: wheelchair users and persons with hearing impairments, visual impairments, mental retardation, and hidden disabilities. Steps individuals can take to help reduce attitudinal barriers for the disabled are described in the concluding section. They include (1) contacting community facilities about making the facility more accessible to disabled people; (2) including disabled employees on planning committees for office picnics, parties, and other events so activities may take into account particular disabilities; (3) including disabled citizens on task forces dealing with community planning so that community services will be geared to serve the disabled; and (4) challenging through letters and phone calls public misrepresentations or negative attitudes regarding disabled persons. Sources for information on disabilities in general and particular disabilities are listed. One of the books in the Barrier Awareness Series.

177. Coyne, Ann Gaffey.
Child Welfare League of America, Inc., New York. North American Center on Adoption.
Organizational Effectiveness of Public and Private Child Welfare Agencies.
Nov 80, 369p
SHR-0008169 Available from University Microfilms International, 300 North Zeeb Road, Ann Arbor, MI 48106.

A study was conducted to test the validity of organizational structure, agency climate, and decisiveness as predictors of agency success in placing developmentally disabled children for adoption. A literature review emphasizes that caseworker attitudes and organization structure appear to have more impact on a child's chances for adoption than the traits of the child or the biological family. This project first identified 510 agencies that were licensed to place for adoption and had access to developmentally disabled children. Questionnaires were completed by 199 of these agencies located in 39 States, the District of Columbia, and a Canadian province. Adoption specialization, legal auspice, and agency size and opportunity were used as control variables, and decisiveness, caseload size, span of control, formalization, centralization, leadership, professionalization, and technical knowledge were tested as predictors of success. When the total sample was analyzed, decisiveness was the strongest predictor; however, a different pattern emerged when public and private agencies were examined separately. Technical knowledge, specifically permanent planning training for staff, was the only significant predictor of success for public agencies. Decisiveness was important to private agency success, but leadership, centralization of decisionmaking, and technical knowledge were also influential. These findings show that specialized training in difficult adoptions is critical to success. A bibliography, the survey questionnaire, descriptions of the methodology, and statistical tables are appended. Presented in partial fulfillment of the degree of Doctor of Philosophy to the University of Nebraska Graduate School, 1980.

178. Daniels, Pam; and Mioducki, Kathy.
New York State Dept. of Social Services, Albany. Domestic Violence Program.
Special Care Homes...A New Beginning: A Program Planning Guide.
1980, 18p
SHR-0008763 Available from New York State Department of Social Services, 40 North Pearl Street, Albany, NY 12243.

This guide is intended to help those people who want to establish "special care homes"; temporary shelters for battered and abused adults and children licensed by the New York Department of Social Services. The home provides a temporary place to live for families pending resolution of a crisis. Residential facilities serving clients with crisis needs who are not victims of domestic violence do not qualify as special care homes. A group that has formed for the purpose of providing shelter and services to victims of domestic violence will need to become an incorporated not-for-profit agency in order to achieve tax-exempt status, receive grants, enter into contractual agreements, and be licensed appropriately as a special care home operator. The guide explains the licensing procedure for new and existing organizations. Following a brief discussion of maintenance of special care homes, the guide delineates services for victims in special care homes. These include counseling services, child care and supervision, recreational and developmental services, information and referral services, legal services, and aftercare services. Security is considered a very important aspect of the home since the home's purpose is to provide a safe, secure living environment for domestic violence victims. Related regulatory requirements and examples of successful shelter programs are discussed. Sources of information and assistance for establishing a special care home are included. Pub. no. 1080.

179. Dubnoff, Ena; and Stokely, Laurie.
Los Angeles Community Design Center, CA.
Opening the Doors: Buildings for Community Care.
1980, 86p
SHR-0008004 Available from Los Angeles Community Design Center, 541 South Spring Street, Room 800, Los Angeles, CA 90013.

This handbook is designed to assist social service professionals, particularly those in California, in site selection and renovation for a community care facility. An overview of all steps necessary in preparing a building for licensure examines administration, program needs evaluation, and building selection and renovation. An explanation of the regulatory agencies that inspect for code and program compliance before a building can be used addresses licensing, planning, building, fire, and placement. The building program or development of the actual design is outlined, with attention to questions regarding how and by whom the building will be used. Determining the optimum environment, writing a building program, and comparing the program with actual space are reviewed. Site selection involves surveying neighborhoods and zoning requirements. Physical characteristics, such as topography and access, size, and the surrounding environment, are discussed. Obtaining site information and community acceptance are also important. Evaluating a building involves understanding code compliance. In California important codes include title 22 of the Administrative Code, local health and welfare codes, and local building, safety, and fire prevention codes. Additional requirements that apply to particular programs are also presented, including any program with 16 or more clients, large family homes, and foster family homes. Plans and specifications are reviewed according to preliminary plan checks and inspections, building permits, bidding, construction contracts and costs, and completion of the contract. Extensive appendices provide sample forms and information on measuring a building and making a floor plan. Basic spatial requirements and special zoning approvals are reviewed. A glossary and charts are included.

180. Dutton, Richard Wyse.
Alcohol Education for Youth, Inc., Albany, NY.
Catalyst II: A Workbook of Alcohol Education Resources.
1980, 88p
SHR-0008151 Available from Alcohol Education for Youth, Inc., 1500 Western Avenue, Albany, NY 12203.

Information and guidelines for use by churches, schools, and communities in developing collaborative alcohol education, prevention, and treatment programs are provided in a looseleaf workbook that emphasizes the perspective and role of the churches. The workbook is intended to combine in one volume contemporary material on alcohol facts, a list of resource agencies, a bibliography, program outlines, information on community strategies and helping skills, and guidelines for developing short-term or long-term alcohol education emphasis within the church, the school, and the community. It describes the nature and extent of alcohol abuse, alcohol's physical effects in the body, and the degree of alcohol use internationally. The guide focuses on the individual's fundamental needs, the valuing and decisionmaking processes, and the stages of development leading to responsible freedom. The family, communication skills, the importance of parental modeling, man's spiritual nature, and Biblical principles related to drinking are also discussed. A section on program strategies presents chapters detailing creative alternatives to alcohol use, strategies for education and prevention efforts with groups, representative programs currently operating, and basic skills for counseling and helping alcoholics and their families. Another section focuses on cooperative ventures, with chapters on working with the church or synagogue; ways to work with the schools, especially those in New York State; community agencies

and potential ideas for community alcohol awareness projects; use of the mass media; and the process for influencing legislation. The final section lists private, State, and national organizations that are available as resources and presents a bibliography of over 100 books, booklets, pamphlets, periodicals, and films. Six pamphlets published by Alcohol Education for Youth, Inc., are also provided.

181. Dybdal, Louise.
Wisconsin Dept. of Health and Social Services, Madison. Human Services Developmental Section.
Human Services Development Series: Case Management in Selected Wisconsin Counties.
Sep 80, 83p
SHR-0008698 Available NTIS PC $10.50/MF $4.00

This document describes case management efforts as a tool for improving services delivery in 11 counties of Wisconsin, including Eau Claire, Taylor, Racine, Jefferson, Columbia, Brown, Chippewa, Wood, Washington, Douglas, and Outagamie. It is intended to be a guide / compendium for use by these and other counties as they consider adding or modifying their case management approaches. Three case management models are presented, involving these components: case assessment, service planning, referral and services requisition, and monitoring and information systems. Case management costs are also considered. The paper discusses such case management issues as the provision of direct services by case managers, the question by the agency, if case management should be provided to all clients, and if case managers should be specialists or generalists. The paper also considers the information systems needs of case management and what happens when multiple agencies providing case management serve the same client. The document suggests that counties follow certain process steps as they explore case management options: assessment, information gathering, design, cost / benefit analysis, implementation, and self–evaluation. Two sources of information on case management in Wisconsin are listed. Appendices present a composite of one–page summaries of the separate county case management efforts, a more detailed description of the more developed county case management systems, and a compilation of the case management forms mentioned in the document. (Author abstract modified).

182. Education Development Center, Newton, MA.
Vocational Counseling for Displaced Homemakers. A Manual.
1980, 34p
SHR-0007949 Available from Education Development Center, Second Look, 55 Chapel Street, Newton, MA 02160.

This manual highlights the requirements of the work world and what counselors can do to help displaced homemakers enter the job market successfully. The labor market is used as a lens to bring aspects of the counseling process into focus. Traditional elements of good practice have been combined with ideas, techniques, and examples drawn from the experiences of displaced homemaker programs throughout the country. They all emphasize approaches and activities that can make a significant difference to this target population. This manual can be used to learn about the special needs and characteristics of displaced homemakers, to obtain and interpret labor market information, and to develop a profile of the displaced homemaker's current status and future plans. It can also help the displaced homemaker develop skills through education and training, overcome problems through supportive services, and it can locate and develop jobs for displaced homemakers. Tabular material is provided. An appendix lists displaced homemaker programs. Bureau of Labor Statistics regional offices are listed, and labor market information is outlined. (Author abstract modified). Manual emphasizes helping

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displaced homemakers move from housework to paid work through vocational training.

183. Eisenberg, Pablo.
Center for Responsive Governance, Washington, DC.
Monitoring Government Programs as a Strategy of Citizen Participation.
23 Sep 80, 36p
SHR-0008792 Available from Center for Responsive Governance, Publications, 1100 17th Street NW, Suite 313, Washington, DC 20036.

Recent citizen monitoring activities and their results are discussed, and methods of financing such activities are addressed. Citizen monitoring involves the tracking and evaluating of government programs and the activities of private institutions. One of the earliest citizen monitoring efforts was the General Revenue Sharing Project initiated in 1973 by a small coalition of national organizations. The project focused attention on civil rights problems, public accountability, citizen involvement, and the allocation of funds to poor people. Similarly, the National People's Action, a network of community organizations, began to take a look at the role of banks and savings and loan institutions, as well as realtors, in the red lining practices in urban areas. Generally, such citizen efforts have found a lack of systematic program evaluation by local governments and Federal agencies, serious weaknesses in the capacity of local governments to plan and deliver effective public services, the importance of Federal requirements and enforcement practices, and the close correlation between research and data collection and productive action strategies. Citizen monitoring activities have received limited financing, although there are signs that some foundations are beginning to recognize the importance of monitoring and evaluation. Help from the Federal Government may have to come in the form of a new independent agency with the responsibility for financing the assessments of Federal program performance or through the creation of a new division for citizen monitoring within the General Accounting Office. Additional comments are appended. Monthly Seminar Series. Report no. MSS-80-09..

184. Empire State Coll., Albany, NY.
Training Resource Manual for Domestic Violence Prevention.
1981, 153p
SHR-0008741 Available from Marie Hankle, OHRD Materials Resource Center, New York State Department of Social Services, 488 Broadway, 4th Floor, Albany, NY 12207.

This manual is designed for use by local social service agency training staff in New York who want to develop inservice training programs in domestic violence prevention. The manual provides a guide to the Domestic Violence Prevention Curriculum. The curriculum is divided into eight units that correspond to the units in the Domestic Violence Prevention Handbook (DVPH). The first section, an overview of domestic violence as a social problem, provides an introduction to the nature and scope of domestic violence, including its history, social and psychological factors, and the role of the department of social services. The next unit explores common myths and attitudes toward domestic violence, discusses how these attitudes affect social services, and explores trainees' personal attitudes. A unit on the dynamics of domestic violence examines the social, psychological, and interpersonal factors that cause, precipitate, and maintain domestic violence; it also explores the questions of why men batter and why women stay with men who batter. In addition, the curriculum provides an extended first-person account of a battered woman that details her relationship with her husband, factors that kept her in the marriage, effects of the battering on her and her children, and the reasons why she finally decided to leave. A unit on crisis intervention describes the emotional and behavioral symptoms of a person undergoing a crisis and provides guidelines for crisis interven-

tion. The training guide also explores techniques for identifying battered women, assessing their needs, and developing a plan of action; integrates material covered in previous units and provides guidelines for ongoing work with domestic violence victims and their families; and discusses the concepts, aims, and skills of service coordination (networking) and their importance for victims of domestic violence. Finally, the curriculum familiarizes trainees with services and procedures of local agencies in New York that serve victims of domestic violence. Forms for evaluating the program, as well as New York local department of social services procedures for domestic violence victims, legal information for battered women in New York State, and a selected bibliography of about 45 references are provided.

185. Enos, Sandra L.
Rhode Island State Dept. for Children and Their Families, Providence.
More People To Love You: Foster Parents Look at Foster Care.
Aug 81, 96p
SHR-0008588 Available from Department for Children and Their Families, Division of Budget and Management, 610 Mt. Pleasant Avenue, Providence, RI 02908.

This report presents results of a foster parent survey conducted in Rhode Island as part of phase III of the National Study of Selected Issues of Social Services to Children and Their Families. The survey questionnaire was mailed to a sample of 210 foster parents; 142 surveys were returned. Major findings from the survey are divided into six areas, explaining who foster parents are, how they feel about the agency's services, what they think about servicing children with special needs, why foster parents enter and leave foster care, whether they can be considered a viable resource for adopting special needs children, and whether foster children are treated differently. It was found that 80 percent of the foster families are white married couples with median incomes of about $15,000; they are between 36 and 60 years old. Foster parents received needed information from the agency on the child's medical history and a care plan only 50 percent of the time. The majority found the standard board rate of $40 for children under 12 and $49 for teenagers inadequate. About half reported that they would possibly accept mentally retarded or physically handicapped minority children or sibling groups, teenagers with serious emotional problems, or non-English speaking children. One fourth of the respondents intend to leave foster care for reasons such as the unexpectedly demanding needs of the foster child, interference with the well-being of their own families, and inadequacy of the payments. The survey should serve to spur reconsideration of the State's agency policies and practices on recruiting and keeping foster parents, training them, and involving them in case planning, adoption home-finding, and in other services to children. (Author abstract modified).

186. Fabricant, Michael.
Community Service Society of New York. Inst. for Social Welfare Research.
Juvenile Injustice: Dilemmas of the Family Court System.
Sep 81, 198p
SHR-0008949 Available from Community Service Society, Institute for Social Welfare Research, 105 East 22nd Street, New York, NY 10010, Attn: Family Court Study.

Findings and recommendations are presented from an evaluation of New York City's family court. The inquiry was addressed to the two largest courts in the city—Brooklyn and Bronx. Extensive, open-ended interviews were conducted with court personnel to obtain their views of court operations. In addition, the court experiences of a large number of youth were tracked systematically over 18 months. The tracking study included 500 youths brought to the family court on first-time delinquency and

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status offense charges. Data were also collected in court experiences resulting from subsequent charges brought during the 18–month period. A second aspect of the tracking study involved designated felony cases drawn from the two courts. The primary emphasis of the courts were found to be due process rights for the youth brought before the court and aggressive prosecution of youth accused of serious offenses. With these emphases on due process rights and the prosecution of youth accused of serious offenses, there has been an apparent decline in the court's concern for the general welfare of troubled youth. For youth other than the most serious offenders, the court offers little more than exposure to a process and a return to the streets. An argument can be made for renewed attention to services for troubled youth. Although services are expensive, the costs of nonintervention may be greater. While there is some disillusionment about the effectiveness of previous community services for troubled youth, based upon evaluative research, a vigorous search for effective intervention methods should be continued, particularly since the alternative of nonintervention promises nothing except the continued exposure of youth to deteriorating community social controls. Appended are a sociolegal analysis of juvenile justice reform in New York City and data on court personnel. Tabular data, a glossary, and 121 references are also provided.

187. Falcone, Angela R.
Michigan Office of Services to the Aging, Lansing.
Development of a Long-Term Care Information System.
31 Oct 79, 210p
SHR-0008940 Available from Colonial Press, (LTCIS), 420 East Saginaw, PO Box 17011, Lansing, MI 48901.

Four groups cooperated to develop and demonstrate a method for appropriate referral of individuals to long–term care services: the Michigan State government, a consumer advocacy group interested in improving the quality of long–term care services, the Office of Services to the Aging, and the Citizens for Better Care Institute. Previous attempts to solve the problems of inappropriate utilization and unmet need have been unsuccessful largely because they were approached in a piecemeal fashion. The element common to all of the long–term care issues is information about the individuals who need service. This project involved an assessment process to accurately describe individuals and their needs through a common terminology while incorporating the information needs of referring agencies, long–term care service providers, regulatory agencies, fiscal intermediates, and health planning agencies. The aim was to produce linkages among the agencies. A pilot study investigated the success of the Long–Term Care Information System (LTCIS). It revealed a high rate of improved outcomes for persons referred using LTCIS, a high percentage of desirable outcomes, and an overwhelming majority of clients receiving only the services the assessment process pointed out as needed. It is concluded that the LTCIS does contribute toward making appropriate referrals to long–term care. It is recommended that LTCIS be incorporated into the ongoing referral activities of acute care hospital discharge planning units, nursing homes, home health agencies, and community social service agencies. Tabular data and 10 references are given. Appendices contain a description of Human Services NETWORK, and extensive additional supporting material.

188. Federation for Community Planning, Cleveland, OH.
Cuyahoga County Health Project: An Agenda for the 1980s.
Dec 80, 124p
SHR-0008821 Available from Commission on Health Concerns, Federation for Community Planning, 1001 Huron Road, Cleveland, OH 44115.

Based on interviews with health care personnel and public officials, on studies of relevant material, and on the results of committee meetings, this report provides an overview of health care issues in the 1980's; a review of the Cuyahoga County, Ohio, health care system; and recommendations outlining future directions for the county health care system. It describes the use of county government funds allocated for health care and inventories the institutions and programs supported, the dollars spent, and the relative influence or significance of county government funds vis–a–vis other sources of funds for the same programs. The committee identified the following comprehensive issues that the county should address: coordination of county health care programs, identification of target populations, community participation, State lobbying, partnership role in cost containment strategy, appropriateness of involvement in health care, and coordination with private and other public sectors. Recommendations are given regarding each of these issues, as well as in the areas of preventive health care, primary care, acute care, and long–term care. Endnotes and footnotes, tables, a list of hospital patient services, and appendices presenting a description of this health care project, a summary of public testimony, and a list of resource materials are included.

189. Fiene, Richard.
Pennsylvania Dept. of Public Welfare, Harrisburg. Office of Children, Youth, and Families.
Measure of the Child Care Ecology: Day Care Program Compliance With State Regulations.
Sep 80, 9p
SHR-0008701 Available from Office of Children, Youth, and Families, Commonwealth of Pennsylvania, 1514 North 2nd Street, Harrisburg, PA 17102.

Methodology and findings are presented from Pennsylvania's Child Development Program Evaluation (CDPE) which examined 1,000 licensed child care centers' compliance with State regulations. The CDPE assessed compliance with State regulations in the areas of administration, environmental safety, child development program, nutrition, social services, transportation, and health services. Compliance data are analyzed in relation to the costs and sizes of the day care programs. The report period was from July 1978 to June 1980. At the beginning of the CDPE, analysis showed a little less than 85 percent compliance. By the last quarter of fiscal year 1978 to 1979, evaluations showed just below 90 percent compliance, and by the last quarter of fiscal year 1979 to 1980, compliance was well above 96 percent. In fiscal year 1979 to 1980, more detailed quarterly reports were begun where not only overall percent compliance was calculated, but a scoring protocol was instituted experimentally. Each item within the CDPE was assigned a weight based on relative risk to the children in the center. For the second and third quarters of fiscal year 1979 to 1980, the administrative, social services, and health components showed significant improvements, while the other component areas either remained static or changed positively only slightly. Graphic and tabular data are provided.

190. Fischgrund, Ellen Lavin.
Coping With Terminal Illness: A Case Study of Primary Caregivers in a Hospice Home Care Program.
Dec 80, 240p
SHR-0008533 Available from University Microfilms International, 300 North Zeeb Road, Ann Arbor, MI 48106.

This study examines the role of family members designated as primary caregivers and key elements in an alternative mode of health care: hospice home care. This exploratory study suggests some insights into this new and developing terminal care service and specific directions for future research. The exploratory issues that guided this investigation were (1) the choice to

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participate in hospice home care, (2) the participation of the primary caregiver, (3) the adaptation of the primary caregiver, (4) the utilization of services by the primary caregiver, (5) the place of death, and (6) the influence of individual differences. The investigation involved a self-selected sample of 14 primary caregivers served by the Boulder County Hospice, Inc., in Colorado. Data were gathered from secondary sources, direct observation, interviews with primary caregivers, and assessment contacts with staff. Data indicated that the physician provided information about the hospice home care program in most cases. Case summaries showed that individual primary caregivers were quite resourceful in meeting patients' needs without special instructions or reliance on staff, in the event that staff support was not accessible or desired by the primary caregiver. Adaptations by the primary caregivers included giving up special interests or hobbies. Major areas of need expressed by caregivers included continuing special hobbies, relief, relaxation, and venting anger. Role-related behaviors tended to influence the primary caregivers' perception of the patient. Finally, the data indicated that individuals' needs determined use of special services, especially in the area of emotional counseling. The study offers some recommendations to the hospice home care agency involved and discusses issues affecting hospice home care processes, including family functioning, the medical delivery system, and the philosophy of hospice care. Tables and a bibliography of about 70 references are provided. Data tables and study instruments are appended. (Author abstract modified). Submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy to Case Western Reserve University, 1980.

191. Florida State Dept. of Health and Rehabilitative Services, Tallahassee. Office of Evaluation.
Evaluation of Florida's School Health Program.
15 Sep 80, 141p
SHR-0008500 Available from Department of Health and Rehabilitative Services, Office of Evaluation, Room 420C, Bldg. 1, 1323 Winewood Blvd., Tallahassee, FL 32301.

This evaluation of Florida's school health program includes background material, the results of a statewide survey of county health units, and the survey results integrated with information from secondary sources. The analysis includes a description of 1978 to 1979 scope and level of services; intercounty comparisons of 1978 to 1979 scope and level of school health services (by county size); comparison of 1978 to 1979 scope and level of the school health program (SHP) with the School Health Services Act of 1974; the Comprehensive Education Act of 1973; and the PREP Act of 1979. The county served as the basic unit of analysis. In addition, site visits were made to Orange, Osceola, Hillsborough, Palm Beach, Seminole, Leon, Jefferson, and Dade Counties. The report documents that throughout this century and into the last, despite the number of statutes passed, Florida's school health program has been poorly funded. Moreover, while all counties have school health programs, the level of service varies significantly depending on the school district or county involved. Service delivery is not uniform throughout the State. The survey results for 1978 to 1979 show that some aspects of the program, such as hearing and vision screening, are being carried out fairly well. However, other areas, such as tuberculosis screening procedures, dental health programs, and nutritional assessments, are deficient. Florida's six largest counties have no active routine tuberculosis screening policy. The report recommends overcoming the problems of coordinating and documenting service delivery by developing a statewide program structure and clearly articulating school health program responsibilities through rule promulgation as well as through development and distribution of policy and procedure manuals. Maps, tables, footnotes, and appendices giving the survey and county-by-county dis-

plays of data are included. (Author abstract modified). Report E-80-9.

192. Florida State Dept. of Health and Rehabilitative Services, Tallahassee. Office of Evaluation.
Evaluation of Multidisciplinary Child Abuse Teams. Part I.
9 Dec 80, 70p
SHR-0008504 Available from Department of Health and Rehabilitative Services, Office of Evaluation, Room 420C, Bldg. 1, 1323 Winewood Blvd., Tallahassee, FL 32301.

This evaluation describes Florida's Children's Medical Services (CMS) Multidisciplinary Child Abuse Crisis Program, determines whether the teams are meeting mandated program objectives, and identifies the effect of team intervention in abuse and neglect cases. The program is a resource to various departments in the investigation and treatment of cases of child abuse and neglect. Integral to the program is a concept of shared accountability among various individuals for case decisionmaking, case planning, services implementation, and treatment coordination. The teams are also charged with providing specific services upon request, such as medical diagnosis and evaluation, medical treatment, and community awareness consultation. The evaluation found that referrals to the teams represent an average 6.9 percent of the total children involved in abuse and neglect reports to the Florida Abuse Registry from the five project districts; medical sources provide 33 percent of all referrals to the teams; and abuse comprises 69 percent of all referral reasons, with the remainder for neglect–related reasons. On a process level, each team appears to have fully implemented the basic program components. The evaluation recommends that corrective action plans be developed in districts where team consultation services have not been widely used beyond normal working hours and that districts with a missing information rate of over 3 percent develop procedures to ensure greater accuracy in the completion of their client data and consultation records. Tables, footnotes, and a 25–item bibliography are provided. Appendices list operational objectives, team goals, data, and forms. (Author abstract modified). Report E-80-18.

193. Florida State Dept. of Health and Rehabilitative Services, Tallahassee. Office of Evaluation.
Evaluation of the Case Assignment and Management System (CAMS).
2 Sep 80, 99p
SHR-0008498 Available from Florida Department of Health and Rehabilitative Services, Office of the Inspector General, Office of Evaluation, 1317 Winewood Blvd., Tallahassee, FL 32301.

This evaluation describes the implementation of the Case Assignment and Management System (CAMS)—part of the Department of Health and Rehabilitative Services in the State of Florida—in the districts allocated CAMS counselor positions and the clients served by CAMS in these districts. CAMS addresses the problems of identification and coordination of services that some clients encounter when they have complex service needs and may be receiving services from multiple programs. The evaluation compares the operation, utilization, and impact of CAMS in the districts served by CAMS with the processes for serving complex multiproblem clients in districts without CAMS counselor positions and offers recommendations for the future development and operation of CAMS. Data collection included two surveys and a review of CAMS case files. The results of the evaluation indicate that, in the districts allocated CAMS counselor positions, CAMS was generally implemented in compliance with the CAMS manual. The majority of CAMS clients in these districts are under 18 and have major problems of emotional disturbances, delinquency, status offenses, and employment and educational difficulties. Improvement in major prob-

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lems of clients was reported in 58 percent of the cases after 6 months. Benefits experienced by districts with CAMS counselors include more efficiency / effectiveness ratings and higher success rates in improving major problems and resolving referral problems. However, the evaluation concludes that the benefits associated with using CAMS counselors instead of existing positions may not be sufficiently great to justify costs in terms of deleting existing positions. Moreover, the existence of CAMS counselor positions does not sufficiently address a primary problem associated with CAMS referrals—the lack of resources. Study instruments are appended. (Author abstract modified). Report E-10-80.

194. Florida State Dept. of Health and Rehabilitative Services, Tallahassee. Office of Evaluation.
Final Report of Evaluation of Mental Health Deinstitutionalization Pilot Projects.
31 Dec 80, 48p
SHR-0008503 Available from Department of Health and Rehabilitative Services, Office of Evaluation, Room 420C, Bldg. 1, 1323 Winewood Blvd., Tallahassee, FL 32301.

This report presents the results of an effort by the Florida Department of Health and Rehabilitative Services (HRS) Office of Evaluation to assess the first year's operation of four pilot mental health deinstitutionalization projects. The report describes clients and the services they receive, provides a comparison of direct costs associated with project participation and State hospital care, and assesses the recidivism of project clients to community inpatient State hospital care. Concerning characteristics of clients served by the projects, the evaluation found that 80 to 90 percent of the clients had previously been admitted to a State hospital. Most are young and over half are single. Overall, it is clear that the projects are serving the intended client group—individuals who have previously experienced repeated or extended psychiatric care, and whose personal and social histories indicate they are deficient in many skills necessary for independent living and social participation. The client data indicate that appropriate services are provided in terms of residential placement, occupational training, and social / recreational activities and counseling. Basic daily residential costs are generally less than State hospital costs. When community services are added to these, the per-client cost is still less at two projects, but equal to or more than State hospital costs at the other two. The evaluation also found that State hospital utilization is down in project counties. In particular, readmissions for the project client group is down, as is local inpatient recidivism. Thus, project participation is associated with a reduction in the amount of time spent in either State hospital or community inpatient care. A total of 15 tables and 5 references are provided. (Author abstract modified). Report E-80-20.

195. Florida State Dept. of Health and Rehabilitative Services, Tallahassee. Office of Evaluation.
Florida's Community Care for the Elderly Program. Evaluation Report (Phase I).
26 Nov 80, 74p
SHR-0008501 Available from Department of Health and Rehabilitative Services, Office of Evaluation, Room 420C, Bldg. 1, 1323 Winewood Blvd., Tallahassee, FL 32301.

This evaluation examines how efficiently the program mandated by Florida's Community Care for the Elderly (CCE) Act is being administered, if the program reaches its primary target group, the impact the program has on its clients, and the extent to which the program prevents or delays client entrance into higher cost programs such as nursing home care. The intent of CCE is to assist functionally impaired elderly persons in living dignified and reasonably independent lives in their own homes or in the

homes of relatives or caregivers. This first phase of the evaluation was initiated after statewide implementation of CCE in January 1980. The evaluation found that implementation of CCE has occurred smoothly. On January 1, 1980, six agencies serving five counties were the sole CCE service providers in Florida. As of June 30, 1980, 43 agencies were providing services in 44 of Florida's 67 counties. During the first 6 months of 1980, CCE projects reported serving 5,897 persons. CCE programs are serving persons whose functioning is typical for persons eligible for participating in more restrictive forms of care. It is estimated that 78 percent of the CCE caseload would be financially and functionally eligible for medicaid nursing home care. The typical client currently being served by CCE is a white female in her 70's. Approximately 95 percent of clients surveyed may be considered functionally impaired, with 16 percent being severely or totally impaired. The cost of maintaining a CCE client in the community is estimated to be between $232 and $261 per client month, which is considerably lower than the monthly costs associated with nursing home care. However, the actual impact of CCE services on medicaid expenditures for nursing home care is not documentable, since some of those eligible would enter nursing homes, but many would not, even if CCE were not available. Moreover, nursing home occupancy rates in Florida generally exceed 90 percent, with 1 year waiting periods being not uncommon. The evaluation recommends that increased funds be secured to fund services in areas not currently covered by CCE, with priority being placed on provision of services in Volusia, Charlotte, Collier, and Highlands Counties, which have substantial numbers of elderly. Tables, maps graphs, footnotes, and a 6-item bibliography are included. Appendices contain a client assessment form, CCE core services definitions, criteria for determination of level of care required, and data tables. (Author abstract modified). Report E-80-14.

196. Florida State Dept. of Health and Rehabilitative Services, Tallahassee. Office of Evaluation.
Maternal and Infant Health Services Assessment.
13 Jul 81, 125p
SHR-0008492 Available from Florida Department of Health and Rehabilitative Services, Office of the Inspector General, Office of Evaluation, 1317 Winewood Blvd., Tallahassee, FL 32301.

This assessment addresses three major issues related to the overall provision of maternal and infant health (MIH) services in Florida. The primary data base was a comprehensive survey of county health units (CHU's) dealing with both service availability and other selected issues. The first of the three major issues concerns the extent to which a basic core of MIH services are provided through the public health system in each of Florida's counties without title V Maternal Infant Care (MIC) projects. Those 17 with MIC projects offer the core services. Many other CHU's offer fairly comprehensive programs. However, there is considerable nonuniformity between CHU's in the scope of their MIH services. The assessment found that 26 of 50 counties without title V MIC projects provided the entire scope of basic level 1 services as defined in the health program office's core program. The second issue examined the impact on outcomes by level of service availability. Summary and comparative analyses on Florida data indicate somewhat lower mortality rates for counties providing at least basic level 1 services as compared to counties with less than basic programs. The third issue addressed was the identification of special problems / issues relating to MIH care in Florida. Of the 50 counties in Florida that do not have MIC programs, only 16 report having systematic outreach programs. In addition, there is a lack of standardization of procedures for determining eligibility for maternal health services among CHU's. Factors used by CHU's to diagnose a patient as high-risk and to determine eligibility need to be made more

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uniform. The study suggests further development of special programs for pregnant adolescents, support for the certified nurse midwifery programs where other options are limited, and expansion of medicaid–funded care to intact families. Tables, figures, an 18–item bibliography, and footnotes are provided. The MIH services survey, a budget request, and other data are appended. (Author abstract modified). Report E-6-81.

197. Florida State Dept. of Health and Rehabilitative Services, Tallahassee. Planning Coordination Unit.
Measurements of Program Performance and Management.
Dec 80, 84p
SHR-0007260 Available NTIS PC $10.50/MF $4.00

This report provides an overview and assessment of the performance during fiscal year 1979 to 1980 of Florida's youth services programs, including secure and nonsecure detention, community control and furlough services, and commitment programs. Official data compiled by the State's Youth Services Program Office or by local agencies were used as the basis for the report. For each program, information provided includes a program description, list of program locations, population profile, movement / management information, effectiveness measures and results for program processes, and costs. Findings indicated that youth services programs performed reasonably well when viewed as a system. Overall utilization rates for community–based commitment programs were good. The secure detention program experienced some overutilization during the year, but the figures were lower than those for previous years. The attention home component of the nonsecure detention program experienced great difficulty in contracting allocated beds and keeping them occupied. Youths also remained on community control caseloads for an average of 2.3 months longer than the 6–month standard and on furlough 2.5 months longer than the standard. The racial distributions within some commitment programs were not consistent with racial proportions of the overall commitment population. Training school populations were reduced during the year in part because of increased use of community–based programs and a slight decrease in the length of stay. A high percentage of children from commitment programs received honorable terminations from subsequent furlough supervision. Transfer rates from youth services commitment programs to more restrictive programs showed substantial improvement over previous years as a result of policy guidelines and monitoring by district and State personnel. Footnotes and extensive tabular data are provided. (Author abstract modified).

198. Florida State Dept. of Health and Rehabilitative Services, Tallahassee. Office of Evaluation.
Nursing Home Evaluative Study.
27 Mar 81, 200p
SHR-0008505 Available from Department of Health and Rehabilitative Services, Office of Evaluation, Room 420C, Bldg. 1, 1323 Winewood Blvd., Tallahassee, FL 32301.

This five–part study of nursing homes in Florida addresses the characteristics of nursing home clients, how nursing home clients differ from those served in the community, the efficiency of licensure and other nursing home monitoring activities, and the characteristics of nursing homes and how these characteristics relate to quality. Data sources used in the evaluation include a survey of field staff from the Florida Department of Health and Rehabilitative Services (HRS), a survey of nursing home administrators, a large sample of client medicaid review forms, and administration of client assessments to matched samples of elderly returning to the community and those entering nursing homes after being hospital patients. Most of the study data were collected during 1978. The study found that a large majority of nursing home ad-

ministrators rated HRS' system of monitoring nursing home care as adequate or better and described HRS staff as generally qualified and cooperative. Both HRS staff and home administrators felt that the development of a more systematic means of determining patient level of care and a different reimbursement methodology could also enhance efficiency substantially. The median age of medicaid sample clients was 83 and the median age they entered a home was 80. Most had more than two major health problems, often including stroke, chronic brain syndrome, or arteriosclerosis / hypertension. Rehabilitation activities and other planned activities were minimal and over half the clients were receiving five or more drugs, often including behavior–affecting medications. The study found that, generally, placement in a nursing home following release from a hospital was determined on the basis of impairment in patients' ability to handle daily activities. Overall, workers reported Florida's nursing homes as giving adequate care. Other findings and recommendations are provided. Footnotes, graphs, tables, and related appended materials are provided. (Author abstract modified). Report E-80-8.

199. Florida State Dept. of Health and Rehabilitative Services, Tallahassee. Office of Evaluation.
Spouse Abuse Program Evaluation.
24 Nov 80, 88p
SHR-0008499 Available from Department of Health and Rehabilitative Services, Office of the Inspector General, Office of Evaluation, 1317 Winewood Blvd., Tallahassee, FL 32301.

This report provides a descriptive study of the 15 State–funded Florida spouse abuse centers. The evaluation covers fiscal year 1979 to 1980 and involved collecting client data forms on a monthly basis and interviewing each of the 15 shelter directors. The report discusses the incidence of spouse abuse in Florida and the number of persons treated or assisted in local programs. It also evaluates the effectiveness of the programs. Some of the major findings are that the most effective aspects of the program are counseling services, the shelter itself, and community support. A major problem is the current level of funding, which prevents program expansion. The total number of women and children served in the year was 4,544. The shelters provided services for clients from 53 of Florida's 67 counties. The average client is an unemployed 30–year–old white female who is eligible for title XX program benefits and has entered the shelter for the first time after repeated beatings. She has high success in meeting her treatment goals as she defines them and chooses to live with relatives or independently after leaving, rather than return to her spouse. Nationally and in Florida, alcohol is a contributing factor to spouse abuse. Findings from the Florida study indicate that the three main causes of abuse are money / finances, abuser's jealousy, and client's behavior / attitude. Some recommendations concern funding; added program components for the abusers and children; improved data collection, tracking, and followup procedures; and a study of incidence in Florida. A major recommendation is made to move the program from the office of aging and adult services to the office of children, youth, and families. Tables, a bibliography of over 15 references, and appended forms are provided. (Author abstract modified). Report E-80-16.

200. Florida State Dept. of Health and Rehabilitative Services, Tallahassee. Planning Coordination Unit.
Updated Preliminary Evaluation Report of Resource Reallocation.
15 Nov 80, 100p
SHR-0007262 Available NTIS PC $10.50/MF $4.00

This report describes and evaluates a Florida project to divert offenders from unnecessary penetration into the juvenile justice system by shifting resources to levels of programming more commensurate with a delinquent's presumed degree of risk. The program was funded

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to begin on October 1, 1979, in three districts of the State. Funds provided from the transfer of a training school to the Department of Corrections were distributed to such services as an increased intake staff, a network of diversion programs, and probation work programs. The program was intended to achieve a sequential reduction in community control caseloads, commitments, and training school population. The increased intake staff was expected to improve the quality of services provided. However, from April through July 1980 in two of the districts, the majority of intake recommendations to the State attorney were below established quality standards. The quality of recommendations in the other district has improved only slightly since the program's inception. The rate of court-imposed sanctions decreased in all three districts, although the pattern was not uniform among the districts. The number of referrals to the Juvenile Alternative Services Project was 42 percent below the projection; this low utilization may inhibit subsequent anticipated paths of change and the achievement of the ultimate goal. In one district a majority of the youths referred to the alternative services project were inappropriate referrals that could have been more efficiently and effectively sanctioned by their parents or intake. The 8 months of the program's operation is not enough time to determine whether the program will succeed in achieving its ultimate goal. However, the results in two of the districts provide support for the underlying theory of resource reallocation. Figures, tables, and appended tabular data and charts are provided. (Author abstract modified).

201. Flynn, Nona M.
Midwest Regional Resource Center, Des Moines, IA.
Parent-School Partnership: An Analysis of the State-of-the-Art of Service Delivery and Technical Assistance Activities Provided to SEAs and LEAs Under P.L. 94-142. Resource Report No. 2.
Feb 80, 19p
SHR-0008522 Available NTIS PC $6.00/MF $4.00

To assist in the development of a functional parent–educator relationship, this report identifies and analyzes issues regarding the parent–school partnership and recommends solutions. With the passage of Public Law 94–142, the Education for All Handicapped Children Act of 1975, the parent has been given the opportunity to ensure the best interest of a handicapped child by assuming a place beside the educator as an equal partner in the educational process. State regional resource centers (RRC's), demonstration projects, and national services agencies were contacted to identify current activities and the need for future activities related to enhancing parent involvement. The current activities are in training, information / product dissemination, and technical assistance / consultation. Parents and educators expressed concern over their lack of preparation for their new role as equal partners in the educational planning process, their lack of conviction that the benefits of parental involvement are equal to the efforts expended, and other issues. Two directions or solutions are proposed: a coordinated comprehensive awareness information / campaign regarding the parent–school partnership and a partnership training approach at the State and local level. The potential role of a State RRC as a resource for an awareness campaign as well as a training effort is evident. The centers could provide a blueprint for a multiagency campaign. Overall, although Public Law 94-142 assigned new roles and relationships to parents and educators, few have successfully implemented a functional parent–school partnership. About 30 references and a resource list are supplied.

202. Friedmann, John.
Urban Communes, Self-Management, and the Reconstruction of the Local State.
Jul 80, 43p
SHR-0008787 Available from University of California, Graduate School of Architecture and Urban Planning, 405 Hilgard Avenue, Los Angeles, CA 90024.

This paper examines the reasons behind the rise of citizen movements in the United States from a historical perspective. The rise of citizen movements can be traced to a crisis of central authority which, in practice, is experienced as a vacuum of power to deal effectively with everyday human problems as they arise in local settings. One condition contributing to the crisis of central authority is the transition of the national State to its transnational form that has led to the inability of the State to handle local problems given the global character of the economy. The second contribution to the crisis involves the principles of the capitalist economy that is obliged to further accumulation at the expense of mounting social costs. The paper notes the major elements of the communal tradition throughout history. It suggests that this tradition ended with the founding of the United States as a Federal union, in which market forces would dominate both national institutions and lower order political communities. To reconstruct the local State on a popular basis, the United States needs new political associations that will make such reconstruction and the advocacy of collective needs the core of their political program. A parallel struggle must be waged by labor to expand political democracy in the workplace. Footnotes and about 40 references are supplied.

203. Gartner, Alan.
Fund Raising for Self-Help Mutual Aid Groups.
1981, 15p
SHR-0008019 Available from National Self-Help Clearinghouse, 33 West 42nd Street, Room 1206A, New York, NY 10036.

This guide addresses the relatively small fundraising needs of self–help mutual organizations by outlining a planning process, identifying sources of funds, and suggesting ways to approach these funding organizations. A prerequisite to any fundraising effort is an analysis of a group's purposes and membership in order to assess what needs can be met by its members and which must be met by outside funds. A method of locating potential sources of support is presented that uses a list of resource needs and group characteristics to form two axes of a grid, with the third dimension being the resource target of opportunity. Types of aid that can be expected from the following groups are detailed: local organizations, formal human service agencies in the community, private foundations, and Government grant–giving agencies. Donated items and fundraising activities such as raffles and street fairs are mentioned, but the guide focuses on factors that are important in soliciting funds from organizations. A personal approach to a local funding organization is recommended, and ways to assure prospective donors that their money will be handled responsibly are described. Also considered are tax exempt status and community leaders as administrators of any funds. Sources of information on foundations are listed, as are Federal agencies that are possible funding sources. Factors that foundations and the Government consider when awarding grants are examined. Information on the National Self–Help Clearinghouse and its publications is appended.

204. General Accounting Office, Washington, DC. General Government Div.
Proposed Changes in Federal Matching and Maintenance of Effort Requirements for State and Local Governments.
23 Dec 80, 113p
PB81-138224 Available NTIS PC $12.00/MF $4.00

The impacts of Federal matching and maintenance of effort requirements on State and local governments is examined. Specifically, this General Accounting Office (GAO) report explores the appropriateness of these requirements as a tool for attaining Federal policy objectives and recommends legislative changes that can better achieve Federal objectives and minimize distortions of State and local policy. Federal matching and maintenance of effort re-

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quirements do not often effectively promote the Federal interest of enhancing the fiscal and management commitments of State and local governments to Federal programs. While more stringent Federal requirements would promote these Federal fiscal and managerial objectives, they would screen out needy grantees from participating in the program, thus jeopardizing the ability of the intergovernmental grant system to provide services of national interest on a nationwide basis. Also, by encumbering State and local funds in a growing number of federally–funded areas, the requirements induce distortion of State and local budget priorities and may promote fiscal stress as well. GAO recommends that matching requirements be strengthened but used more sparingly and only where a clearly defined Federal interest does not conflict with the broader purposes of Federal programs themselves. Maintenance–of–effort requirements serve a primary Federal interest but should be changed to prevent fiscal substitution while not penalizing bona fide State and local spending reductions. Detailed data on items discussed in the report and some official responses to the report are appended. (NTIS abstract modified). Report to the Congress.

205. George Washington Univ., Washington, DC. Regional Rehabilitation Research Inst. on Attitudinal, Legal, and Leisure Barriers.
Focus on Research: Recreation for Disabled Individuals.
Apr 80, 160p
SHR-0008146 Available from National Rehabilitation Information Center, Catholic University, 4407 8th Street NE, Washington, DC 20017.

This report contains the proceedings of a 1979 conference organized by the Regional Rehabilitation Research Institute on Attitudinal, Legal, and Leisure Barriers of George Washington University (District of Columbia) to assess research needs pertaining to recreation for disabled persons. The introduction provides a common frame of reference by examining relationships between rehabilitation and recreation services for the disabled, summarizing relevant legislation, identifying recurring issues in recreation services for the disabled population, and reviewing research trends. The conference focused on five research issues: disabled consumer involvement in program planning and development; attitudes and behavior as they relate to recreation disability, and rehabilitation; treatment implications of recreation activities; education and training programs for persons involved in recreation programs that have disabled clients; and accessibility. A speaker and a panel addressed each topic and then small groups structured to reflect a cross section of conference participants discussed research priorities. Using group reports and a survey mailed to participants after the meeting, the Institute ranked research items according to importance. These lists are included for each of the five conference topics. Finally, the report outlines ways in which the conference staff selected the meeting site to ensure equal accessibility and services for disabled participants. A list of persons who attended the conference is appended.

206. Gerhard, Ronald J.; Dorgan, Richard E.; and Miles, Donald G.
Responsive Systems Associates, Inc., Clinton, OK.
Balanced Service System: A Model of Personal and Social Integration.
1981, 215p
SHR-0008810 Available from Responsive Systems Associates, Inc., PO Box 846, Clinton, OK 73601.

The text describes the goals, structure, and performance of the Balanced Service System, a specific model for the delivery of mental health services. The system has three major applications: (1) as a general frame of reference that organizes ideas and integrates concepts from a variety of fields, (2) as an action plan built on human values for operating a service system, and (3) as an evaluative and accountability tool

for measuring performance and assessing the quality of an operating system. The text also addresses administration of the system, citizen participation, research and evaluation, staff development, and staffing patterns. The Balanced Service System is designed to effect change through four strategies: reevaluation of assumptions concerning clients and service delivery methods; delineation of activities that must be carried out to achieve system goals; use of a service classification system that differentiates characteristics related to service, population, and environments; and establishment of a framework outlining a full range of service options that are organized to facilitate the most effective use of resources. The system is advantageous because it incorporates most of the documented research knowledge in the field of mental health today, it encourages the addition of new knowledge into the model, it requires a service emphasis on the most needy individuals, and it applies to all age and disability groups served by the mental health system. Chapter references, charts, tables, illustrations, and a simulation model output are provided.

207. Gilbertson, Alan D.
Wisconsin Univ.-Stout, Menomonie. Materials Development Center.
Developing the Rehabilitation Facility: Personnel Manual.
Mar 81, 65p
SHR-0008696 Available from Materials Development Center, University of Wisconsin-Stout, Menomonie, WI 54751.

Guidance is provided to rehabilitation facilities in developing or improving the facility personnel manual, including examples from the personnel manuals of some rehabilitation facilities. The introductory section indicates that the personnel manual should be designed as the fundamental communication tool to help clarify personnel policies and practices, so as to avoid personnel grievances and morale problems. The manual can also be used for training new employees. Sections following the introduction discuss developing personnel policies; recruitment, screening, hiring, and orientation; hours of work, attendance, and absenteeism; wage and salary administration; seniority, promotions, transfers, and layoffs; employee fringe benefits; disciplinary and grievance policies; termination of employment; and miscellaneous policy statements. Each section contains a brief narrative or overview of its topic, along with examples of how some rehabilitation facility personnel manuals have dealt with the subject. A checklist at the end of the publication is intended for use by each facility to determine which of the policy statements discussed should be developed and used in its own personnel manual. Ten references are listed.

208. Gilbertson, Alan D.
Wisconsin Univ.-Stout, Menomonie. Materials Development Center.
Public Relations for Rehabilitation Facilities.
Mar 81, 33p
SHR-0008695 Available from Materials Development Center, University of Wisconsin-Stout, Menomonie, WI 54751.

The need and planning for a public relations program for a rehabilitation workshop are discussed, along with approaches to specific target groups in such public relations efforts. Public relations activities are indicated to be important for rehabilitation workshops that are usually private and nonprofit for the purposes of fundraising, contract procurement, and informing the public about the nature and effectiveness of workshop services. The discussion of planning for the public relations program considers administrative involvement, determining program directions, selection of the public relations director, staff involvement, reviewing the past, evaluating the results, and identifying the audience. The management of the facility is indicated to carry the authority and responsibility for the public relations program-

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ming, with everyone involved with the facility having some duty to implement the public relations programs and messages. The general groups targeted for public relations efforts are client groups, including parents and guardians, referral agencies, ancillary agencies, and advocacy groups; business groups, including subcontractors, service contractors, employers, and employers providing job site evaluation or on-the-job training; and community groups, including members or donors, foundations, news media, influential groups, the general public, and volunteers. Twenty-two references are listed.

209. Glick, Barry.
Monroe County Dept. of Social Services, Rochester, NY.
Foster Care and Adoption in Monroe County: The Report of the Title XX Task Force on Foster Care and Adoption.
Apr 81, 29p
SHR-0008788 Available from County of Monroe, Dept. of Social Services, 111 Westfall Road, Rochester, NY 14620.

This report of a title XX task force in Monroe County, N.Y., begins with definitions of both foster care and adoption. Then, several issues pertinent to the topic of foster care and adoption are delineated and discussed. Each issue is presented in terms of a goal statement, a brief data summary, and recommendations. A concluding chapter summarizes the recommendations, grouping them as procedural and structural changes in the county's existing systems and services, training needs, preventive services, use of community resources, legislative changes, and data collection. The recommendations reflect two approaches: one differentiated among client populations (adolescents, minorities, etc.) and looked at ways to make foster care and adoption more valuable resources to these groups; the other viewed foster care as a preventive service in that clients who are placed more appropriately and services that are delivered more efficiently would result in shorter-term placements and fewer numbers being placed, with those placed being in the least restrictive environments for their needs. Specific recommendations include training on several levels, better linkages between the county's Department of Social Services and other agencies (Youth Bureau, United Way, etc.), establishment of a Family and Children's Services Coordinator position, and constant attention to supervision and monitoring of children in care so that aggregate case data can be generated and analyses performed and utilized to evaluate programs and services on an ongoing basis. Fourteen data sources for the report are listed.

210. Glickman, Lillian Labecki.
Foster Parenting: An Investigation of Role Ambiguity.
Jul 80, 349p
SHR-0008527 Available from University Microfilms International, 300 North Zeeb Road, Ann Arbor, MI 48106.

This study examines foster parent role ambiguity and its implications for policy. It provides a historical perspective on the policy of foster family care and the evolution of the foster parent role. Current policy is analyzed in terms both of strengths and weaknesses, and the major factors relating and contributing to role ambiguity are identified. The research design examines the interaction of three factors related to the foster parent role: role perception, demographics and experience, and difficulties in role performance. The Foster Parent Questionnaire was administered to 313 foster parents participating in a training program in Massachusetts during 1979, and the Foster Parent and Social Worker Interview Schedules were administered to a sample of foster parents in training and to their social workers. Results indicate that foster parents disagreed among themselves on their role perception, that demographic variables contribute little to understanding these differences, that foster parents do not have a clear under-

standing of their role, and that frequent social worker contact with parents is important in establishing a positive relationship between the two. Moreover, foster parents and social workers had different perceptions of the foster parent role, and these differences can militate against a coordinated approach to foster care. Implications of the research and recommendations are presented, as are case vignettes. The questionnaire, the interview schedules, and about 100 references are appended. Tables are included. Submitted in partial fulfillment of the requirements of the degree of Doctor of Philosophy to Brandeis University, 1980.

211. Goldman, Gerald; Cuneo, John; Aber, J. Lawrence; and Peacock, Carol.
Massachusetts Office for Children, Boston.
Hello Walls: A Handbook for Citizen Review of Children's Residential Facilities.
1 Oct 80, 306p
SHR-0008811 Available from The Commonwealth of Massachusetts, Office for Children, 120 Boylston Street, Boston, MA 02116.

This handbook is intended to help agencies and community groups who would like to involve citizens in the review of children's institutions. It states that the faults in children's services stem not from callous or disinterested personnel, but from the traditional societal isolation of institutionalized children. The misconception that institutionalized children are less sensitive to their environment because of what they have done or the way they were born acts as a rationale for continued isolation and is a source for continued inadequate services. Institutional Review Committees (IRC's) bring citizens inside the walls of formerly isolated institutions. Such committees have a dual purpose—to improve services and policies of children's institutions and to alter public perceptions by penetrating institutional walls and describing what is inside. The manual addresses the preparation of citizens for institutional review and the creation of a questionnaire / instrument for on–site reviews that will be effective and adjustable to different kinds of institutions. Citizen training for institutional review is discussed in terms of background, instrument familiarity, research skills, teamwork, and empowerment. The formulation of recommendations and organizational analysis for more effective advocacy is also addressed. Appendices include member application forms, abuse reporting methods, organizational analysis of Massachusetts agencies serving children, IRC training, guidelines for differentiating between total and community residence institutions, and the instrument / questionnaire.

212. Grabow, Eugene Claire.
Pennsylvania State Univ., University Park. Coll. of Human Development.
Interorganizational Relationships in Locally-Initiated Human Services Integration Projects.
Aug 80, 267p
SHR-0008427 Available from University Microfilms International, 300 North Zeeb Road, Ann Arbor, MI 48106.

This thesis investigated locally initiated service integration projects in five Pennsylvania counties and identified organizational constraints on their development and progress. A review of the literature on organizational analysis focuses on the task environment concept and the political economy perspective. Data for this study were collected from interviews conducted in 1977 with directors of the 5 service integration organizations (SIO's) charged with overseeing the integration process, and 19 agency directors. Questionnaires were also completed by 136 human services agency heads with whom the administrators claimed interorganizational relationships. These 136 organizations that represented a broad array of education, law enforcement, housing, health, and social services were classified as follows: Type I agen-

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cies, dependent on county commissioners for authority and fiscal resources; Type II agencies, fiscally dependent on county commissioners but independently governed; and Type III agencies, both administratively and fiscally independent. Analysis of the case history profiles showed that the integration projects were started by the county commissioners because of dissatisfaction with current delivery systems. Most agency heads, however, showed no awareness that the SIO staffs were to be the coordinating and integrating agents in the network system. The agencies used three tactics of resistance to the SIO's—preventing, blunting, and repelling. Conflict among Type I agencies was widespread, and these organizations mounted the most intense opposition to the SIO. Data indicated that the ability of the SIO to play an influential role was dependent on the actual support it received from the county commissioners. Over half the Type I agencies felt that the SIO's did not understand their delivery problems, were not qualified to do integration work, and had no control over their operations. Implications of the study's findings for practice are discussed. Tables, references, and the survey questionnaires are included. (Author abstract modified). Submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy to the Pennsylvania State Univ., Graduate School, 1980.

213. Grimaldi, Paul L.; and Sullivan, Toni J.
American Health Care Association, Washington, DC.
Broadening Federal Coverage of Noninstitutional Long Term Care.
1981, 46p
SHR-0008770 Available from American Health Care Association, National Foundation for Long Term Health Care, 1200 15th Street NW, Washington, DC 20005.

Various aspects of major public programs that provide long–term care to eligible persons are addressed, and the potential cost effectiveness of expanding Federal coverage of noninstitutional services is examined. A continuum of care based on matching services with needs is discussed, with the continuum defined as a network of coordinated and integrated programs for which dependency levels, medical conditions, functional abilities, and patient preferences are the crucial determinants of the services received. Eligibility criteria for and services covered by medicare, medicaid, and title XX are reviewed. Nursing home care and home health services are shown to account for most of the spending, having increased enormously since 1970. Also analyzed is the cost effectiveness of adult day care centers, homemaker services, home health care, and other services frequently perceived as noninstitutional alternatives to nursing home care. Estimates of the cost of modifying the existing scope of reimbursable services are presented. It is indicated that significantly broadening Federal coverage of alternative long–term care services will not reduce net costs, because the savings realized from treating currently misplaced nursing home residents in the community will be overpowered by the net cost of serving persons who replace those discharged, plus the costs of providing services to newly eligible persons. The pivotal question, therefore, is whether society wishes to transfer additional resources to elderly and disabled persons. Tabular and graphic data and extensive footnotes are provided. (Author abstract modified).

214. Grosser, Rene C.
Colorado Div. of Mental Health, Denver.
Model To Estimate Population in Need of Mental Health Services by Catchment Area.
1981, 17p
SHR-0008012 Available from Colorado Division of Mental Health, 3520 West Oxford Avenue, Denver, CO 80236.

A mental health needs assessment model based on social indicators is used to estimate the number of moderately and severely mentally disabled persons residing in each of the 20 catchment areas in Colorado. Population data from a sophisticated, annually updated demographic–economic population projection model for the State were used and age–adjusted prevalence rates were developed. The prevalence rates for moderate and severe psychiatric disability by age groups were multiplied by catchment area population estimates by age groups to produce prevalence estimates. This resulted in an overall target group prevalence rate of 7.5 percent. These base estimates may then be modified by social indicators. Social indicators chosen for this needs assessment model were selected according to their validity, comparability, variability, and recentness; they are percent of population in poverty, unemployment rate, percent of ethnic minorities, suicide rate, child abuse rate, and divorce rate. In addition, an indicator score was calculated for each catchment area. The composite social indicator scores are used to modify the population prevalence estimates to produce population–in–need estimates and to determine an equitable funding structure. Tabular data, 2 notes, and 28 references are provided. Presented at the Third National Conference on Need Assessment in Health and Human Service Systems, Louisville, Kentucky, March 17-20, 1981.

215. Halladay, Kim C.
Participative Management and the Small, Rural Community Mental Health Center.
Aug 80, 365p
SHR-0008166 Available from University Microfilms International, 300 North Zeeb Road, Ann Arbor, MI 48106.

Using questionnaires completed by professionals employed in small, rural community mental health clinics (CMHC's) throughout the United States, this dissertation examined attitudes toward participative management among different management levels. Although many authors have suggested that involving staff in decision-making can solve organizational problems such as burnout and leadership conflicts, few evaluations of participative management have been performed. This study was guided by the contingency model which argues that participative management techniques can be effective only if they are uniquely researched and designed for specific types of organizational settings. Information from interviews with individuals and groups currently working in rural CMHC's in Colorado was used to identify 75 decisionmaking issues that typically occur in such facilities. These items were incorporated into a questionnaire sent to 185 respondents selected from a newsletter mailing list. A total of 110 questionnaires were used in the data analysis. The study found that no issue was judged by either top, middle, or nonmanagement respondents as being appropriate for staff control in the decision-making process. All three groups considered clinical treatment and staff development as the most appropriate issues for staff decisionmaking participation. Wide diversity was discovered among the groups regarding the issues judged as most significant. Demographic variables that significantly influenced respondents' opinions were areas of professional concentration, level of management responsibility, and organizational size. Implications of these findings for social work practice and research are discussed. Tables, over 200 references, the survey questionnaire, and supporting statistical data are appended. Submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy to the University of Denver Graduate School of Social Work, 1980.

216. Hallman, Howard W.
Civic Action Inst., Washington, DC.
Innovative Citizen Roles in Local Budgeting Making.
1981, 28p
SHR-0008599 Available from Civic Action Institute, 1010 16th Street NW, Washington, DC 20036.

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Written to show how citizens can achieve full involvement in drawing up and adopting local governmental budgets, this guidebook is applicable to persons involved with Community Development Block Grants. The fundamentals of budget making are discussed, and the seven formal stages of budget making are delineated. Citizens are urged to decide which budget to deal with, such as the operating budget, capital budget, education budget, etc. The guide notes that early involvement is essential for effective citizen participation, since crucial decisions are made long before the proposed budget is published and presented to the city council. If citizens want to influence the budget decisions of administrative and executive personnel, they must first determine what they want in the budget and make their views known to the appropriate officials at the right time during the budget process. The guidebook draws upon the experience of six cities for illustrations of new approaches to citizen involvement: Portland, Oreg.; St. Paul, Minn.; Dayton, Ohio; Cincinnati, Ohio; New York, N.Y.; and Atlanta, Ga. Among these cities are found a broad array of new approaches whose common elements provide the outline for this guide. Sections of the guide discuss the facilitation of citizen participation through neighborhood structure, staff assistance, orientation of neighborhood committee members, involving other residents, determining needs, and producing neighborhood plans and channeling budget requests to departments. Other sections focus on determining citywide priorities, working with the budget office, relating to the chief executive, influencing the city council, and keeping track of future changes. A list of references, diagrams, and tables are included.

217. Hallman, Howard W.
Civic Action Inst., Washington, DC.
Neighborhood Planning: A Citizen Participation Guide.
1981, 28p
SHR-0008600 Available from Civic Action Institute, 1010 16th Street NW, Washington, DC 20036.

Particularly applicable to persons involved with Community Development Block Grants (CDBG), this guide on citizen participation in neighborhood planning discusses techniques relevant to all varieties of planning and outlines specifics on physical development, economics, human resources, and energy. It shows how citizens, local officials, and the private sector can work together in all these areas. In the CDBG program, citizens are required to be involved in the planning process. A good plan will specify what is intended to be accomplished in the immediate future and possibly over the long term. The plan should prescribe the precise steps necessary for implementation and should indicate financial costs and other required resources. In the CDBG program, both short and intermediate range planning are required. Components of a neighborhood plan might include needs and priorities, projects and activities, responsibilities, and resources. The guide discusses needs approval processes, assessment, and implementation. A chapter on physical development planning considers neighborhood boundaries, staffing, neighborhood committees, land use, housing and housing programs, nonresidential uses, community facilities, transportation, and CDBG. Self-help activities, training, public service jobs, commercial revitalization, community development corporations, and land trust are discussed under economic planning. The section on energy planning considers needs assessment, diagnosis, conservation measures, consumer education, transportation, renewable resources, and waste recycling. Drawings and a list of technical assistance documents are included.

218. Hannah, Gerald T.; and Risley, Todd R.
Experiments in a Community Mental Health Center: Increasing Client Payments for Outpatient Services.
16 Sep 80, 17p
SHR-0008602 Pub. in Jnl. of Applied Behavior Analysis v14 n2 p141-157 Summer 1981.

This article reports two studies examining the effects of implementing a system for producing and maintaining routine client fee payment in community mental health centers. The studies were needed because although public health care systems often depend on revenue generated from client payment for services, inadequate agency fee payment systems continue to create substantial administrative problems. The credit criterion system implemented in these studies was designed to allow clients to establish intra–agency credit by paying cash for each of the first three visits and to pay for services monthly after credit was established. The system resulted in a baseline collection rate of 20 percent, compared with the credit criterion rate of 96.6 percent. The credit criterion system did not create additional administrative costs and it had no affect on attendance. Thus, the credit criterion system appears to be a reasonable set of procedures for allowing clients to meet their financial obligations to an agency. (Author abstract modified). This paper is based in part on a dissertation submitted by the senior author in partial fulfillment of the doctor degree in the Department of Human Development and Family Life at the University of Kansas.

219. Harari, Tal.
Teenagers Exiting From Foster Family Care: A Retrospective Look.
Dec 80, 256p
SHR-0008526 Available from University Microfilms International, 300 North Zeeb Road, Ann Arbor, MI 48106.

This dissertation involves a followup of foster teenagers who did not return to their parents upon exiting from care. The study attempted to determine perceptions of placement workers and teenagers of the importance of services offered, used, and needed and of the implications of such perceptions for current foster care. It also assessed emancipated teenagers' interpersonal affect and self–esteem and the extent to which foster care service perceptions can serve as predictors for post–foster–care adjustment. A questionnaire was administered to and interviews conducted with 34 teenage / young adult subjects between July 1978 and November 1978. Most of the subjects were white and 76 percent were female. The Interpersonal Affect and Self–Esteem scales of the Jackson Personality Inventory (JPI) were used to assess subjects' current functioning. Overall, findings indicate that good foster homes help alleviate the effects of poor homes for these adolescents; foster children feel that they are different from other children, especially during adolescence; foster children view social workers as not particularly relevant to their lives; and contact with natural families should be maintained, particularly with siblings. Tables, over 100 references, and footnotes are supplied. Appendices present the questionnaire, JPI scales used, and related material. Submitted in partial fulfillment of the requirements for the degree of Doctor of Social Welfare to the University of California, Berkeley, 1980.

220. Hatry, Harry P.; Winnie, Richard E.; and Fisk, Donald M.
Urban Inst., Washington, DC.
Practical Program Evaluation for State and Local Governments. Second Edition.
1981, 123p
SHR-0008943 Available from The Urban Institute Press, 2100 M Street NW, Washington, DC 20037, order number URI32100.

This report is intended to help State, county, and city governments improve their program evaluation capabilities. It is aimed at the government analyst as well as the overall manager or administrator. The report presents the basic steps in conducting a program evaluation. It discusses program objectives, associated evaluation criteria, and clientele groups for whom the criteria should be measured. It outlines various evaluation designs that show how the comparisons that make up the evaluation can be structured. These evaluation designs vary in their

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cost, their degree of complexity, and the precision with which they isolate program effects. The use of simpler and less expensive approaches is emphasized to keep evaluation feasible for State and local governments. Also described are the major techniques for obtaining data and the problems associated with data collection. A number of procedures—in addition to the use of statistics from existing records—are discussed. For example, interviews with citizens can produce valuable insight into aspects of a program's effects and unintended consequences that are not otherwise obtainable. Furthermore, innovation and planning can reduce data collection costs and improve the usefulness of the evaluation. Suggestions on steps that can be added to an evaluation so that the evaluation can be used to improve the program are included. Finally, the institutional issues of organization, staffing, costs, presentation of results, and followup are discussed. Appended material includes a case study that illustrates some of the evaluation tactics presented and shows how they are tied together, and a discussion of the conditions under which controlled, random experiments are most likely to be appropriate for State and local governments. Tables, footnotes, graphs, and 83 references are included. (Author abstract modified).

221. Haygood, Noreen.
Case Western Reserve Univ., Cleveland, OH. Human Services Design Lab.
Human Service Needs and Resources in Southern Chautauqua County: Summary and Recommendations.
Apr 80, 15p
SHR-0007994 Available from Case Western Reserve University, School of Applied Social Sciences, Human Services Design Laboratory, Yost Hall, Room 229, Cleveland, OH 44106.

Information about human service needs and resources in southern Chautauqua County, N.Y., was gathered through interviews with human service providers, planners, foundation executives, and volunteer community leaders. The study also obtained data on agency programs through reports and State, county, and regional agency planning documents. There is a strong tradition of voluntary service and a number of established agencies in this urban–rural area of 72,000 that contains a large number of rural residents and a higher–than–average number of older people. Government now plays a dominant role in the funding of human services and will probably continue to provide basic income supports and programs for health, mental hygiene, and the developmentally disadvantaged. Voluntary agencies plan to continue to do their work in preventing mental and physical illness and dependency, and in providing supports for families, including single–parent families, young people, and noninstitutionalized older people. The bulk of the document provides recommendations on how voluntary agencies can assert a leadership position and broaden their services. The agencies should increase their volunteer recruitment and training, community relations, and cooperation with the United Way. Ongoing program evaluations should be conducted, and a communitywide health services planning council should be formed from government agency and health service agency board and staff and community members.

222. Health Care Financing Administration, Washington, DC. Office of Policy Analysis.
Long Term Care: Background and Future Directions.
Jan 81, 72p
SHR-0008694 Available from Health Care Financing Administration, Gwynn Oak Building, Room D3, 1710 Gwynn Oak Avenue, Baltimore, MD 21235.

This paper presents an initial attempt to reevaluate Federal programs that finance long–term care services. An overview of the population requiring long–term care services discusses survey data indicating that at least 1,556,000 noninstitutionalized persons require assistance

in meeting personal care needs, compared to 1,179,000 nursing home residents who need similar assistance. This fact, in addition to the aging of the population and changes in family structures, suggests that pressures for future public involvement are likely to intensify. A discussion of the services and settings that comprise long–term care and their coverage under current public programs examines nursing homes, other protected living arrangements, and the home. It is noted that nursing homes are the principal setting for the impaired elderly and disabled who are in institutions. Some 1,300,000 Americans live in 18,900 nursing homes nationwide. Medicaid, the predominant public source of financing, pays for nursing home care under two categories: skilled nursing facilities and intermediate care facilities. Problems of costs, accessibility, and quality of services hamper the current long–term care system. The paper documents the biases in favor of nursing home use inherent in public programs, particularly medicaid, and the fragmentation in the funding and delivery of noninstitutional services. The Health Care Financing Administration believes that a serious reappraisal of all Federal programs in long–term care, including medicaid, is warranted. Five options presented for long–term care reform include incremental modifications of existing programs, comprehensive grants to the States, grants to the States for noninstitutional services, disability payments for long–term care, and long–term care insurance. In addition, elements of more than one approach could be combined. Tables, figures, footnotes, and over 90 references are included. Discussion paper.

223. Henning, Mary.
Wisconsin Dept. of Health and Social Services, Madison. Bureau of Evaluation.
Child-Specific Residential Treatment Evaluation Model.
Jun 80, 185p
SHR-0008670 Available NTIS PC $16.50/MF $4.00

This report documents a 1979–1980 effort to develop and pilot test a model for evaluating residential treatment for children. The model presented in the report is child–specific and includes measurement of long–term goals and short–term objectives that are concrete and observable. Long–term change is measured using a standardized test or checklist, and short–term change is measured in five different program goal areas: psychosocial, academic, family, vocational, and physical functioning. Problems in the program goal areas are the major reasons why children are referred to residential treatment. These referral reasons are to be determined in conjunction with the referring worker, as are the long–term goals for the child and the estimated length of stay. Multiple measurement increases the likelihood that the change observed actually did occur. Use of time–series data permits attributing change to the treatment intervention. The model was wholly or partially tested in 8 of 30 Wisconsin institutions of child care. Reactions of six of the directors of participating institutions are presented. Their overall response was favorable; however, the directors expressed a need for technical assistance in implementing the model, in statistical analysis of the data, and in data processing. The evaluation data generated by this model will enable the institution staff to compare their performance in the current period with previous periods and will help them set goals for future performance. In addition, a model was developed though not tested, to show how to obtain meaningful program cost information to use in conjunction with evaluation data. The human services taxonomy of the Wisconsin Department of Health and Social Services is featured in the evaluation and the cost models. Recommendations are to require and / or provide incentives for implementation of the child–specific evaluation model in child caring institutions in Wisconsin and to identify a unit within the Division of Community Services to coordinate institution–related activities and to manage the child–specific evaluation. It is also recommended that the cost model be pilot tested. Tabular data and 15 references are given. Appendices contain

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analysis of data from the child behavior checklist and the time–series data. (Author abstract modified).

224. Hill-Scott, Karen.
California Univ., Los Angeles. School of Architecture and Urban Planning.
Assessing the Status of Child Care.
1977, 29p
SHR-0008952 Available from University of California, Graduate School of Architecture and Urban Planning, 405 Hilgard Avenue, Los Angeles, CA 90024.

An approach to day care needs assessment and planning was developed and carried out in the low–income inner–city community of South Central Los Angeles (SCLA), Calif. The model is replicable in any community. A Child Care Referral Service (CCRS) was started to assess day care needs in the community. This approach served as the basis for a survey that achieved the development of a demographic profile of the community; the investigation of the availability and nature of child care services in that community; and the examination of the characteristics, needs, and preferences of parents seeking care in SCLA. Comparing the actual availability of child care services with the profile of parent preferences and use patterns illustrates that a range of child care needs are largely unmet in SCLA. Problems include the lack of licensed day care programs and the dearth of infant care. Also, day care homes are grossly underenrolled and lack systematic utilization. Day care planners need to fully recognize the value of day care homes and promote family day care through information, communication, and referral networks. Furthermore, these inadequacies are largely due to the current costs of child care. Implications of this research for public policies are mentioned. Tables and 13 references are included.

225. Institute for Health Planning, Madison, WI.
Methods for Assessing Facility Modernization Pressures.
Aug 81, 53p
SHR-0008521 Available from Institute for Health Planning, 702 North Blackhawk Avenue, Madison, WI 53705.

Guidelines are given to help planners estimate and forecast the "pressure" to modernize health care facilities. Modernization activity is defined as construction that improves present services and capacities, as opposed to expansion, which adds capacity or services. A distinction is also drawn between "need" and "demand." Need exists if there are identified inadequacies in a physical plant and also a well–defined requirement for the services the facility provides. "Demand" for modernization relates to institutional willingness and ability to pursue modernization activities, as shown by formulation of a modernization plan and securing of funding. The underlying motivations that produce demand constitute the "pressure" for modernization. Factors affecting modernization include changes in medical technology that call for structural changes and changes in practice patterns that can necessitate a rearrangement of facilities. Code compliance, financial considerations, competition, and the regulatory environment are other factors. Three methods are proposed to estimate and forecast the pressure, each proceeding from somewhat different perspectives and using different data bases. One method aggregates and evaluates information from capital expenditure plans. The second estimates relative age and modernization pressure from accounting information on depreciation. The third method relies on architecturally oriented evaluations of physical condition. Each of the three should provide input to the overall judgments of needed facility quantities and distributions. A total of 29 references and tabular data are provided. (Author abstract modified).

226. Iowa State Legislative Fiscal Bureau, Des Moines. Program Evaluation Div.
Iowa Juvenile Probation Offices.

Aug 81, 39p
SHR-0008697 Available from Program Evaluation Division, Legislative Fiscal Bureau, State Capitol Building, Des Moines, IA 50319.

Background information, findings, conclusions, and recommendations are presented from an evaluation of the operations of Iowa's juvenile probation offices which was designed to determine the degree to which State juvenile justice policy is being implemented at regional and local levels. The report's introductory section presents background information on Iowa's 1978 Juvenile Justice Code, duties and qualifications of juvenile probation officers, and juvenile court trends. This section advises that if current juvenile justice trends continue, juvenile probation officers can be expected to be responsible for more informal adjustments, more probationary supervision, and an increased amount of follow-up and coordination with other agencies. Other sections of the report review data and analyses pertaining to the structures of juvenile probation offices, present findings on the funding of juvenile probation offices, and consider the administration of the offices. The concluding section provides evaluation conclusions and recommendations. The evaluation team concluded that juvenile probation offices are not uniform in structure, have inequities among counties in per capita costs and cost per juvenile court case, and are generally lacking in formal policy development. The recommendations presented are intended to promote uniformity in the structure of juvenile probation offices, consistency in the allocation of costs to the counties, and improved administration through policy development. Graphic and tabular data pertaining to the evaluation are included, and detailed discussions of various aspects of the evaluation are appended.

227. Jacobs, Bella.
National Inst. of Senior Centers, Washington, DC.
Senior Centers and the At-Risk Older Person.

1980, 230p
SHR-0008052 Available from National Council on the Aging, Inc., 600 Maryland Avenue SW, Washington, DC 20024.

Activities and recommendations are presented from a project that studied the National Institute of Senior Centers' role in responding to the needs of the at-risk elderly (frail, physically or mentally impaired, and chronically ill older persons). To help determine the current state of the art and identify the problem areas, service barriers, and issues that need to be addressed, the project conducted a survey of senior centers identifying themselves as serving the at-risk elderly. Responses were received from 159 senior centers representing 43 States and the District of Columbia. Findings showed that 84 percent of those responding were attempting to serve at-risk older persons despite the sparcity of special funds available for this purpose. The project also sponsored a seminar designed to develop recommendations for planning, practice, training, and research regarding service delivery for at-risk and needy elderly. The 1980 seminar brought together leaders in the senior center field, professionals working with special disability groups, and planners and decision-makers at national and State levels. The planning recommendations focused on involvement at all levels of groups to support and provide services to address special needs, reduce barriers, and maximize the use of available resources. Practice recommendations emphasized the importance of recognizing strengths and coping capacity, as well as disabilities of at-risk older persons. Training recommendations were attentive to attitudes, competency level, information on at-risk characteristics, knowledge of community resources, techniques to stimulate creativity, advocacy, and intervention strategies. Research recommendations focused on operations, evaluation, and demographics. Appended are the survey questionnaire, the seminar agenda, a list of seminar participants, and a selected bibliography of 72 listings.

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228. Jarrett, James E.
Council of State Governments, Lexington, KY. State Government Productivity Research Center.
Improving Productivity Through Monetary Incentives: North Carolina's Bonus Experiment.
Mar 81, 8p
SHR-0008795 Available from Order Department, The Council of State Governments, PO Box 11910, Lexington, KY 40578.

This paper reports on North Carolina's Incentive Pay Program, which is based on group performance. The program began in July 1978 as a 1-year, group, shared savings experiment. Its essential features included the following: work units could volunteer to participate; an 11-member incentive pay committee was established to determine the criteria for participation, monitor the results, and decide if bonuses were earned; and incentives would be paid if the work unit's expenditures were less during the 1978 to 1979 fiscal year than the average of the 2 preceding years and there was no decrease in service level or output. A group may share up to 25 percent of any demonstrated cost savings. In the first year, two units within the North Carolina Department of Transportation received awards. For saving nearly $60,000, employees in one unit received approximately $250 each. In a larger unit, employees saved $117,000 and were rewarded with bonuses of $285 each. In the second fiscal year (1979 to 1980), two of the three participating units achieved performance targets; employees in one group received $382 each while each employee in the other unit received $585. Ten units are now in the program and another 10 are anticipated to begin in July 1981. Many States currently have laws that preclude monetary bonuses of any type. Results from the North Carolina experiment suggest that such restrictions should be restudied. While North Carolina's results are still tentative, the program has significant potential for generating additional savings and improving agencies' productivity levels. Tables, figures, nine notes, and appendices containing a Senate bill and selected examples of actions to reduce costs are provided. (Author abstract modified).

229. Johansen, Robert; McNeal, Barbara; and Nyhan, Michael.
Institute for the Future, Menlo Park, CA.
Telecommunications and Developmentally Disabled People: Evaluations of Audio Conferencing, Personal Computers, Computer Conferencing, Electronic Mail.
Jul 81, 235p
SHR-0008798 Available from Institute for the Future, 2740 Sand Hill Road, Menlo Park, CA 94025.

The results of a demonstration by the Alternate Media Center (AMC) to show how various telecommunications media might benefit developmentally disabled (DD) children and adults are reported. Most of the applications were focused in rural Vermont, although two involved participants in other States. AMC began with a belief that such media would have to meet three criteria: effective, affordable, and accessible. The technologies employed were audio conferencing equipment built mainly on the existing telephone network, personal computers, and computer-based conferencing through computer terminals. Evaluation tools used in the project were interviews, questionnaires, tape recordings for audio teleconferences with content analysis, transcripts for computer conferences and computer mail, log sheets and usage statistics, and cost analyses. Over a dozen consumer, educational, and service groups tested the telephone conferencing equipment for about 14 hours per month from November 1979 to December 1980. The reactions of users were mostly positive, as were the impacts on their organizations. The audio "bridge" that was implemented during the project currently connects as many as 14 different locations via special phone numbers that allow participants to talk together as a group. The system is providing

high quality, dependable, and economical service. The use of personal computers by eight DD adults and adolescents proved successful as did the use of electronic mail. Computer conferences, however, never gained momentum. Tables, footnotes, graphs, and illustrations are provided. Appendices present evaluation data, content analyses, a list of publications and presentations, and the names of project advisory board members. Report R-50.

230. Jones, Martha L.; and Biesecker, John L.
Portland State Univ., OR. Regional Research Inst. for Human Services.
Permanency Planning Guide for Children and Youth Services.
1979, 31p
SHR-0008944 Available from Martha Jones, Common Sense Associates, 1808 Chathana Drive, Camp Hill, PA 17011.

This guide is meant to be a working tool and quick reference guide for caseworkers and supervisors in children and youth services. Most sections are checklists and outlines for workers to use in making permanent plans for the children with whom they are working. The first section of the guide covers the areas to be handled prior to selection and implementation of permanent plans for children. These include assessment of the home situation, preplacement services, placement planning and review, and assessment of the child and family in long-term placements. A clear assessment of the child and family situation, followed by good preplacement services, should prevent the disruption of most families. Once a child is in placement, regular assessment and reassessment should help in the appropriate selection and implementation plans for children. Selection and implementation of a permanent plan are addressed in the second section, with attention to the following permanent planning options: return home, adoption, placement with relatives, transfer of custody, permanent foster care, and emancipation. Four references are supplied.

231. Katz, Irvin S.; and Dorsa, Rosemary F.
Community Service Council of Metropolitan Indianapolis, Inc., IN.
Neighborhood Services Study: A Framework for Effective Service Delivery in Indianapolis Neighborhoods.
Feb 80, 179p
SHR-0008541 Available from Community Service Council of Metropolitan Indianapolis, Inc., 1828 North Meridian Street, Indianapolis, IN 46202.

This study examined the services of neighborhood centers in Indianapolis, Ind., in relation to the needs that exist and developed a plan for coordinated service delivery. The study focused on neighborhood centers as a response to specialization in the human services and a mechanism for connecting people with existing service resources. The needs assessment phase of the study found that while the greatest concentration of socioeconomic need continues to be in Center Township and immediately adjacent areas, there has been an emergence of social, health, and economic problems in certain suburban Marion County areas. Compounding the problems for residents of these areas are the lack of service resources and limited public transportation. The study looked closely at 21 centers found to target their services to the residents of particular neighborhoods and to offer information and referral or more intensive casework services. Centers were found to vary according to the major social service functions they perform. Four kinds of service activity were studied: access services, decentralized services, social development programs, and community organization. Four types of centers are delineated. Standards and practices are recommended for all neighborhood agencies and for each of the four types of centers. A particular emphasis is placed upon the access service provider's role in coordinating services to individuals and families in order to ensure their effectiveness. The study recommends that the 4 service functions be present in each of 10 proposed catchment areas and that access services be extended into the emerging need areas

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identified. Maps, figures, chapter footnotes, and about 45 references are provided. Appendices give the results of questionnaires, needs assessment data, and the multiservice center core services concept. (Author abstract modified).

232. King, James A.; Muraco, William A.; Vezner, Karl O.; Wells, James P.; and LaGrange, Randy L.
Area Office on Aging of Northwestern Ohio, Inc., Toledo.
Profiling the Needs of Older Persons: A Case Study.
1980, 338p
SHR-0008419 Available from Area Office on Aging of Northwestern Ohio, Incorporated, Suite 506, Madison Avenue, Toledo, OH 43604.

The major objective of this study is the identification and documentation problems and needs of older Americans residing in the northwestern Ohio area. The project has four major components, each oriented toward providing indepth information about the older American population. The study involved a telephone survey of the older Americans living within the study area. There are eight specific areas investigated in the survey, including transportation, housing, economics, crime, nutrition, health, life satisfaction, and service or program utilization. Each of these areas are explored in order to determine what problems and needs exist, their magnitude, and how they differentially affect older Americans in terms of age, sex, and county of residence. A second major component of the study deals with the perceptions key informants have of the needs and problems older Americans experience. Problem identification and elite perceptions of the service systems were objectives of this part of the study. A third component of the study focuses on the utilization of services by these older Americans. A spatial analysis of the entire study area, comprising the study's fourth major component, examines the current delivery system and then offers an optional system design for the total system area. Such an optimal system is also designed for the county delivery system. The concluding chapter offers a convergence of the findings from the various research components of the needs assessment. It was found that somewhere between 5 and 15 percent of the older population is experiencing major problems in respect to the criteria studied. Tabular data, an 88-item reference list, and appendices with additional data are provided. (Author abstract modified).

233. Knecht, Bud.
Social Services Research Inst./Welfare Research Inst., Washington, DC.
Social Services Within the Framework of Hospice Care: Utilization and Policy Paper.
Dec 80, 44p
SHR-0008534 Available from Social Services Research Institute, 1015 18th Street NW, Suite 810, Washington, DC 20036.

This paper reviews the current scope of hospice programs, their service delivery models, and social services within the framework of hospice care. The last issue is considered in reference to "A Common Language of Human Services," a taxonomy of shared vocabulary terms that describes various human services programs yet permits comparison between them by way of common components. Current administrative and legislative initiatives include the University of Arizona empirical study of hospice services in the United States, other research and demonstration initiatives, and legislative initiatives at both Federal and State levels. Major issues and policy implications are concerned with the quality of hospice care, cost effectiveness, reimbursement policies, funding and eligibility, and the impact on hospices of increased Federal participation. While possible roles for the Federal Government in hospice care range widely, the funding of hospice social services has the greatest urgency. In addition to title XX (the single largest funding source for social services in the Office of Human Development Services),

other programs, such as title III of the Older Americans Act and title IV–B of the Social Security Act, might also appropriately fund hospice social services. Tabular data, footnotes, and 12 references are provided. Appendices contain a report of the common language project and lists of social service components and hospice references.

234. Lawton, M. Powell.
Philadelphia Geriatric Center, PA.
Social and Medical Services in Housing for the Aged.
1980, 112p
SHR-0008948 Available from Department of Health and Human Services, Public Health Services, Alcohol, Drug Abuse, and Mental Health Administration, 5600 Fishers Lane, Rockville, MD 20857.

Findings are presented from research on various aspects of the impact of planned housing for the elderly upon the residents. Specifically, the study (1) measured the impact of a move from dispersed housing in the community to planned housing for the elderly (changes in morale, voluntary activity, social interaction, physical health, physical mobility, and competence in self–maintenance); (2) predicted positive and negative changes in the aforementioned areas from characteristics determinable prior to occupancy; (3) determined the selective factors that distinguish those who move into housing for the elderly from those who do not apply for such housing; (4) determined which personal characteristics are associated with the desire for and the use of supportive services within a housing situation; (5) examined the differential effects on tenants of housing environments, their administrators, and the services offered; and (6) developed a conceptual framework for the study of man–environment relationships. This study's basic methodology was the longitudinal control–group method. Subjects were seen twice, once before assuming residence in planned group housing and again after 1 year. Direct observations of the housing settings and the residents' social behavior were also made. Other representative housing sites were studied on a single occasion. Overall, when compared with elderly community residents who did not apply for planned housing, residents of planned housing were better off. Tabular data are appended, and 47 references and a subject index are provided.

235. Lewis, Mary R.
National Science Foundation, Washington, DC.
Alabama's Juvenile Status Offenders: A Pilot Study.
Aug 80, 76p
SHR-0007651 Available NTIS PC $10.50/MF $4.00

A pilot study was conducted in one urban county and one rural county in Alabama to develop and pretest a method for studying the factors that influence decisionmaking about youth referred to Alabama juvenile courts for running away, being truant from school, or being beyond parental control. The pilot study was preceded by an analysis of the historical development of youth services in Alabama, of the 1975 legislation separating status offenders from other offenders, and of availability of youth services in the State. The study sample included all 60 youths in the 2 counties who were referred for the 3 status offenses between January 1 and April 30, 1978. Two very different patterns of organizations interacting with youth were discovered in the two counties. The rural county's judge decided on a case–by–case basis how to work with the relevant agency, while the urban judge reached a prior agreement with the agency director regarding responsibility for each type of case. Data from agency records revealed that 49 of the 60 youths were known to the agency at some time and 42 were known before the status offense referral to court. However, more than a third of the families had not sought help from any source. MAXPEN, a variable representing the level of penetration of the

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juvenile justice system, was defined. Variables that were significantly related to MAXPEN included the following: being white and female, frequency of running away from home, distance run, number of referrals to court, age of the head of the household, and having violence in the home. Among problems identified in the current system were geographical variations in dispositions, the system's inability to deal with the family problems that were often closely linked with the youth's problems, and lack of services in many jurisdictions. Policy implications, footnotes, tables, an appendix listing types of organizational decisions made about status offenders, and a list of 27 references are provided. (Author abstract modified).

236. Love, Arnold J.; and Shaw, Robert C.
Dellcrest Resource Centre, Downsview (Ontario).
Impact Evaluation: Program Evaluation for Human Service Organizations.
1981, 81p
SHR-0008899 Available from The Dellcrest Resource Centre, 1651 Sheppard Avenue West, Downsview Ontario, Canada M3M 2X4.

This evaluation manual is linked to a training system that offers a range of options and benefits to human service managers in their personnel training. The training system is built on the philosophy of total service. Its manuals and training materials are supported by newsletters, seminars, workshops, and consultation. As a management tool, this manual shows human service administrators how to make program priority choices, make better use of scarce resources, reach more of the organization's goals, use more of the organizational potential, provide more effective service to clients, improve the organization, and become more accountable to clients and funding bodies. Reasons for beginning evaluation activities are examined, as are methods for obtaining useful information on client needs, staff time use, and program effectiveness. The impact evaluation model is outlined, and strategies for starting evaluation delineated. Evaluation methodology is addressed in terms of how to handle statistics, what client characteristics are important, how to collect client information, and how to compile the numbers for analysis. Goal evaluation and program monitoring techniques involve the relationship of goals and indicators, the use of goals to monitor performance, and the relationship of evaluation to change. Four types of evaluation designs—descriptive, nonexperimental, quasi-experimental and true experimental—are defined and issues discussed that relate to evaluating program improvement, outcome, and consumer satisfaction. The concluding chapter summarizes the practical suggestions into a step-by-step approach and illustrates it with a case study. A total of 14 items are listed for further reading. Charts and illustrations are provided.

237. Love, Arnold J.
Dellcrest Resource Centre, Downsview (Ontario).
Introduction to Program Evaluation for Small Agencies.
1980, 44p
SHR-0008942 Available from The Dellcrest Resource Centre, 1651 Sheppard Avenue West, Downsview Ontario, Canada M3M 2X4.

This manual acquaints managers of a small agency with some basic concepts of program evaluation. It shows managers how to reach more organization goals, use more organizational potential, provide more effective service to clients, and become more accountable to clients and funding bodies. The model of evaluation activities described includes the following components: needs assessment, program planning, formative evaluation, and outcome evaluation. The manual emphasizes that once information needs are defined, managers must consider staff and clients together with senior management and other people in the agency. Negotiation is necessary to establish firm infor-

mation links, and is important to overcome the fear of statistics. Evaluation techniques include collecting client information on a systematic basis and linking this with a scheme for measuring it. Also discussed are program planning evaluation techniques, which should focus on the program's goals. Formative evaluation methods and approaches to outcome evaluation are addressed. Thirteen references are supplied.

238. Manard, Barbara.
Office of the Assistant Secretary for Planning and Evaluation (DHHS), Washington, DC. Div. of Long-Term Care Policy.
Working Papers on Long-Term Care.
Oct 81, 117p
SHR-0008677 Available from Division of Long-Term Care Policy SSP/ASPE, Room 433F, Humphrey Building, 200 Independence Avenue SW, Washington, DC 20201.

Based on the work of the Department of Health and Human Services Task Force on Long-Term Care, this document contains papers that examine basic elements in the current system for long-term care and how they interact. The first paper adopts a broad definition of the long-term care population as people who are functionally disabled as a result of or in conjunction with chronic illness or conditions. Estimates of this population are categorized by levels of functional disability and individual subgroups, such as the chronically mentally ill and the physically disabled. Age and income of the long-term care population are described, along with future trends. The next study classifies long-term services into three major areas: basic living, personal care, and illness / disability. Different settings that provide these services are discussed, with particular attention to congregate housing as an alternative to institutionalization. Also considered are the adequacy of current and future supplies of long-term care personnel and Federal quality assurance efforts. The review of major financing issues in long-term care focuses on the relative roles of the public and private sectors, types of services covered and their coordination under Federal programs, and eligibility for federally financed long-term care services. The complex interactions of the whole system are illustrated in an examination of two topics: the supply of selected services and settings, such as nursing home beds, and the cost effectiveness of alternatives, particularly home health care. All papers contain footnotes, tables, and appendices. Prepared for the 1980 Under Secretary's Task Force on Long-Term Care.

239. Maryland Food Committee, Inc., Baltimore.
Outreach in Action: A Study in Effective Outreach. The Report of the Food Stamp Outreach Project.
Mar 81, 119p
SHR-0008864 Available from Maryland Food Committee, 105 West Monument Street, Baltimore, MD 21201.

This paper reports on a 1-year project in Maryland called Food Stamp Outreach Project. It was designed to increase food stamp participation rates of eligible citizens in certain target areas by 5 percent and in nontarget areas throughout the State by 3 percent, to ascertain the effect of a comprehensive outreach program on "stigma," and to develop a training component that could be used by State and local food stamp outreach workers in implementing future outreach efforts or in enhancing more productive efforts in their current programmatic thrusts. The project selected four counties to participate in the study, but one of these was dropped before the study's conclusion. Counties were chosen to participate based on the extent of territory classified as suburban or rural in size, population, participation in the food stamp program, etc. Both pretest and posttest attitude surveys were developed and administered to ascertain if extensive information about food stamps diminished the stigma that prevented participa-

tion. Outreach efforts were successful, in that new applicants in the target counties increased by 6 percent, 28 percent, and 190 percent. Outreach efforts included a media blitz, a focus on the Federal guidelines concerning implementation of the food stamp program by making these guidelines program objectives, monthly presentations and displays, training of outreach workers, and the governor's proclamation that January was food stamp month. Tables, printed materials, footnotes, and a bibliography of 25 references are provided.

240. Masnick, George; and Bane, Mary Jo. Harvard-MIT Joint Center for Urban Studies, Cambridge, MA.
Nation's Families: 1960-1990.
1980, 197p
SHR-0008530 Available from Joint Center for Urban Studies of MIT and Harvard, 53 Church Street, Cambridge, MA 02138.

This volume is the first in a series of reports on the Nation's population, households, and families. It brings together some of the research findings of the Joint Center for Urban Studies that identify emerging trends and interpret their implications. The report indicates that the young adults of the 1980's (children of the baby boom of the 1950's and 1960's) are establishing lifestyles quite different from their parents', with later marriages, fewer children, more divorces, more working wives, and so on. Instead of triggering a new suburban expansion, these young adults may look more toward the cities and toward the goods and services that life in the smaller, more transient household units demands, posing new problems and opportunities for urban areas. In addition to presenting an overview of population trends and the life course variables that determine household population, the book emphasizes the role of women's work. Three aspects of women's work outside the home are considered: participation, attachment to careers, and contribution to family income. The impact of changing times and family patterns is discussed in terms of personal relationships, new lifestyles, and the relationship between families and the government. Tabular and graphic data are provided. Appendices include a list of related publications and additional tables. A Joint Center Outlook Report.

241. Michigan State Univ., East Lansing. Univ. Center for International Rehabilitation/USA.
Policy Planning and Development in Independent Living: Proceedings of a Region V Workshop, June 10-13, 1980.
Jun 80, 69p
SHR-0008150 Available from National Rehabilitation Information Center, Catholic University, 4407 8th Street NE, Washington, DC 20017.

This document contains lectures and summaries of workshop discussions that took place during a training program in policy planning and the development of independent living services for State rehabilitation professionals in Illinois, Indiana, Wisconsin, Michigan, and Minnesota. The opening lectures discuss the independent living movement and its policy status within the Rehabilitation Services Administration. Models for policy development are outlined that respond to the challenges posed by title VII—Comprehensive Services for Independent Living—of the 1978 Rehabilitation Act. Major concerns that the workshop participants felt were important in starting independent living programs within their organizations are also identified. Structured group exercises that exposed workshop participants to skills required in effectively eliciting input from individuals and groups are described, such as an independent living values survey in which participants ranked 23 issues relating to independent living and a method of conducting a meeting to prioritize policy issues. During the remainder of the workshop, participants were divided into four teams that focused on title I versus title VII, parts A and B of title VII, consumer participa-

tion in independent living centers, and agency scope of services. Major points expressed in these discussions are summarized, as are the State implementation sessions during which professionals from each State met to apply new team skills to a policy plan. Examples of different approaches to independent living are presented, including an overview of Michigan State University's programs for the handicapped and other State programs for the blind. A list of workshop participants, a bibliography, and a glossary are appended.

242. Michigan Univ., Ann Arbor. School of Social Work.
Training in the Adoption of Children With Special Needs.
1980, 522p
SHR-0008754 Available from University of Michigan, School of Social Work, 1015 East Huron Street, Ann Arbor, MI 48104.

This training notebook is designed to impart concepts and skills to practitioners that will help them in facilitating the adoption of children with special needs. The material presented is a compilation of some of the teaching methods and information developed by two projects of the University of Michigan School of Social Work: Project CRAFT (Curriculum Resources in Adoption / Foster Care Training) and Training Adoption Staff in Placing Special Needs Children, whose single goal was to improve the way that children with special needs, older children, and minority children are served by the adoption and foster care system. The seven units in this training workbook cover values in adoption practice, family assessment, recruitment, identity issues, attachment and separation, helping children when they must move, and conducting workshops. Each of the units has an introduction to the major concepts in the unit, followed by a collection of resource material that varies significantly from unit to unit. Following the resource material, each unit provides an annotated bibliography and a section that describes sample training days and suggests various ways in which the unit's concepts can be presented in a training session. (Author abstract modified).

243. Minnesota Crime Control Planning Board, St. Paul.
Through the Labyrinth: The Juvenile Services Delivery System.
Apr 81, 121p
SHR-0008159 Available from Crime Control Planning Board, 444 Lafayette Road, St. Paul, MN 55101.

The need to develop an integrated, systemwide approach to planning the delivery of services to troubled youth in Minnesota was examined. State laws that require or permit the provision of these services, State and Federal sources of funding for the services, and existing data systems that contain information about the nature of services were studied. Two service categories were defined. Juvenile justice services included detention, diversion programs, probation / parole services, legal services, and police services. Services designed to correct behavioral problems included client evaluation, counseling and therapy, chemical abuse services, child protection, special educational services, and residential placement such as foster homes or group homes. Most of the laws relating to services to troubled youth were found to be vague and possibly duplicative, although they were not mutually inconsistent. Lack of coordination at the Federal level among funding programs and lack of a single information source on funding made it possible to determine the amounts of Federal funds allocated for services. In addition, no structure exists for monitoring Federal funds entering the State. The State funding amounts could be more easily determined, but lack of systematic or comprehensive information systems at either the State or local level limit the data's usefulness for statewide policy development. It is recommended that the State legislature designate a permanent committee to serve as a forum for issues relating to service provision for troubled youth and to oversee the

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provision of these services. The committee should analyze existing statutes and rules and recommend changes. It should also establish a systemwide approach for allocating State resources, develop a resource manual providing policymakers with information about available State and Federal resources, and assess and recommend any necessary changes in existing information systems. Footnotes and tables are included. Appendices list services and actual and potential funding sources. (Author abstract modified).

244. Minnesota State Planning Agency, St. Paul. Developmental Disabilities Planning Office.
Community Residential Advocacy for Persons With Developmental Disabilities: Current Status and Future Development.
Apr 81, 99p
SHR-0008955 Available from Minnesota Governor's Planning Council on Developmental Disabilities, Developmental Disabilities Planning Office of the State Planning Agency, 200 Capitol Square Bldg., 550 Cedar Street, St. Paul, MN 55101.

This report explores the possibilities of providing a coordinated approach for assuring the acquisition and protection of individual rights for persons with developmental disabilities living in licensed, community residential facilities in Minnesota. Intended primarily for the Advocacy and Protective Services Committee of the Governor's Planning Council on Developmental Disabilities, this report explores the emerging advocacy concept of community residential advocacy. It examines the history of deinstitutionalization in the State, the development of internal and external advocacy services in community residential settings, the rights of persons with developmental disabilities, and the variety of advocacy and protective service needs of persons living in community residential settings. The report also cites data that support the need for the improvement of advocacy services in community residential settings. Two models of existing residential advocacy programs—the Minnesota State Hospital Advocacy Program and the Long-Term Care Ombudsman Program—are addressed, as are the possible role and functions of a community residential advocate. The report proposes that a coordinated approach be taken to provide needed advocacy services. The role of the community residential advocate should be flexible and dynamic, responsive to the changing needs and circumstances of clientele. A statewide system of advocacy services could be administered and organized in a variety of ways. Consideration should be given to the provision of a central administering office, and it would seem most feasible to provide advocacy services in each region, with a possible combination of regions with populations of low density. Tables and over 40 references are provided. Appendices present a glossary, policies of advocacy programs, and relevant statutes. (Author abstract modified).

245. Minnesota State Planning Agency, St. Paul. Developmental Disabilities Planning Office.
Evolution and Current Status of the Minnesota Developmental Disabilities Protection and Advocacy Network.
Apr 81, 38p
SHR-0008956 Available from Minnesota Governor's Planning Council on Developmental Disabilities, Developmental Disabilities Planning Office of the State Planning Agency, 200 Capital Square Bldg., 550 Cedar Street, St. Paul, MN 55101.

This report describes how the Minnesota Developmental Disabilities Protection and Advocacy Network evolved and helps clarify the respective roles, responsibilities, and interrelationships of the major components of the current "network." When planning began in 1972, the priorities were legal, citizen, and residential ad-

vocacy services. These services were implemented via demonstration grants; projects funded in the 1970's are listed. Training and technical assistance was provided to non-developmental disabilities–funded agencies to encourage the development of other advocacy services. After Congress established the Protection and Advocacy System in 1975, Minnesota instituted a communication network in the area of advocacy. The major components of the Minnesota Protection and Advocacy Network are the Governor's Office, the Central Minnesota Legal Services Corporation, the Minnesota State Planning Agency, and the Protection and Advocacy Network member organizations. Each component is described, and an organizational chart depicts the relationships among these entities. Five references and appendices presenting applicable Federal regulations and material relevant to the establishment of the advocacy network in Minnesota are included.

246. Mizio, Emelicia; and Delaney, Anita J. Family Service Association of America, New York.
Training for Service Delivery to Minority Clients.
1981, 202p
SHR-0008238 Available from Family Service Association of America, 44 East 23rd Street, New York, NY 10010.

This collection of papers was developed to train mental health workers to deal effectively with minority communities and addresses theoretical, cultural, and practical considerations regarding service delivery to blacks and Puerto Ricans. Summaries are presented of reports by the black and Puerto Rican task forces that were established by the Family Service Association of America during its 2–year project to develop mental health service models for minorities. Other articles identify elements that should be considered when creating services for minorities, mainly racism and poverty. A discussion of the dual perspective theory emphasizes that workers must understand the values and behavior of minority clients while simultaneously comparing these cultures to the larger social system. A history of blacks in the United States emphasizes the economic roots of racism, while a separate article explores black cultural patterns. Puerto Rican history, reasons for mass migration to the United States, and strains on the Puerto Rican family are examined. The remaining papers focus on advocacy, counseling, and preventive programs. Planning guidelines and methods of integrating services are detailed, as are counseling approaches to blacks and Puerto Rican families. Advocacy strategies are described, and a family–life education program is outlined. Finally, a white social worker reflects on her experiences with poor blacks and Puerto Ricans. References accompany most articles.

247. Monk, Abraham; and Kaye, Lenard W. Columbia Univ., New York. School of Social Work.
Ombudsman Services for the Aged in Long Term Care Facilities.
Jan 81, 378p
SHR-0008865 Available from Brookdale Institute on Aging, Columbia University, 622 West 113th Street, New York, NY 10025.

This report presents the most salient findings, conclusions, and recommendations to emerge from a study on ombudsman services for the aged in long–term care facilities. The study was aimed at determining the extent to which volunteer ombudsman programs have succeeded in instituting a system of community involvement in and public scrutiny of long–term care facilities. The study encompassed a two–pronged approach and covered the period from November 1979 to December 1980. The first stage examined the experience of the New York City Nursing Home Patient Ombudsman Program, an Older Americans Act project funded by both the New York City Department for the Aging and the New York State Office for the Aging. In this program, all ombudsmen serve as volunteers re-

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cruited from the local community who are independent of nursing home ties. In its second stage, the study reviewed the reported experiences of long–term care ombudsmen across the country with special attention to the legislative and organizational variables contributing to different types of service design and levels of program performance. Study findings are presented concerning demographic profiles of the respondent groups, program operations / the complaint grievance process, interorganizational relations and advisory boards, role prescriptions and the ombudsman, the efficiency of ombudsman services, and factors influencing program performance. Study recommendations are given for three areas: policy, program practice, and research. Tables, figures, and appendices giving the study instruments, supplementary research tools, and study correspondence and descriptive materials are included.

248. Moore, Herff Leo.
Humanizing the Human Services: Administrative Considerations for Reducing Staff Turnover and Improving Worker Utilization in a Public Agency Setting.
Jul 80, 258p
SHR-0008800 Available from University Microfilms International, 300 North Zeeb Road, Ann Arbor, MI 48106.

This study explored the quality of staff life and its influence on voluntary turnover and delivery of social services by child welfare workers. Herzberg's motivation–hygiene theory provided a framework for investigating social worker attitudes and job enrichment interventions designed to enhance job satisfaction, staff retention, and performance. The sample was 50 bachelor–level professionals performing protective services casework for the Texas Department of Human Resources. Workers participated in a pretest–posttest control group experimental design involving the eight natural supervisory units of Tarrant County. Two supervisory units were randomly selected as experimentals, with the remaining six units as controls. Each worker completed Herzberg's 16–item job reaction survey of motivational work content, plus 2 narrative questions asking them to list 5 factors contributing most to their contentment and discontentment with child welfare work. Important variables identified as influencing caseworker discontentment were working conditions and agency policy administration, which included overwhelming workloads, excessive paperwork, unrealistic agency procedures, and insensitive administrators. Contentment sources included work itself and achievement. Respondents found the emotionally charged decisions of removing children from families and placement to minimize abuse to be especially stress–inducing in combination with heavy caseload and negative agency conditions affecting casework plans and client progress. Agency constraints limited the job enrichment intervention to 3 months, preventing its full evaluation for the setting studied. The potential for job enrichment for influencing motivational content of social services tasks needs further longitudinal exploration to determine its effectiveness as a tool for agency administrators in public settings. Figures, tables, footnotes, a bibliography of over 150 references, and appendices of related material are included. (Author abstract modified). Submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy to the University of Texas at Arlington, 1980.

249. Moracco, John C.
ERIC Counseling and Personnel Services Clearinghouse, Ann Arbor, MI.
Burnout in Counselors and Organizations.
1981, 21p
SHR-0008790 Available from ERIC/CAPS Clearinghouse, 2108 School of Education, University of Michigan, Ann Arbor, MI 48109.

This monograph posits a model of stress and burnout. The model emphasizes the central role of appraisal in the stress paradigm. Intervention strategies are possible at certain points in the model. The most effective places rest with the individual (e.g., learning new coping mechanisms, cognitive restructuring) and the environment (e.g., developing a social–professional support group). A syndrome of behaviors appears in the burned out counselor. It includes a callous attitude toward people, escapism of various sorts, and reduced counselor effectiveness. Ramifications are also felt in the counselor's personal life: deterioration in the quality of family life and personal health are two examples. Stress–reducing strategies include the cognitive restructuring approach in the appraisal process. Organizations can also burn out due to lack of funds, lack of flexibility, lack of decisionmaking power of middle managers, task overload, lack of recognition or gratitude, and the nature of the needy client population. Burnout in organizations may be prevented by providing opportunities for organizational self–assessment, using consensus approach to problem solving, giving feedback and rewards to members, providing timeouts for members experiencing burnout, and screening potential employees carefully. It is especially important that preventive measures against individual and organizational burnout be instituted in times of limited resources so that the waste and inefficiency caused by burnout can be held to a minimum. The bibliography contains 26 references. One chart is provided. (Author abstract modified).

250. Murphy, Jane; and Bradley, Valerie. Government Studies and Systems, Inc., Philadelphia, PA.
Evaluation of Models of Advocacy Programs for the Mentally Ill and Developmentally Disabled. Volume I: Summary of Findings and Policy Implications.
17 Dec 80, 32p
PB81-177131 Available NTIS PC $7.50/MF $4.00

This is the first part of a three–volume report containing the results of a year–long study to document the methods and relative efficacy of various models of advocacy on behalf of the developmentally disabled. Eight advocacy programs from different parts of the country were selected for examination. This first volume reports the conceptual framework, methodology, and summary of findings, drawing implications of the results for policy. Five issues identified at the start of the evaluation were the auspices of advocacy, legal versus nonlegal advocacy, self–help versus professional advocacy, comprehensive versus categorical advocacy, and case advocacy versus systems advocacy. The methodology design incorporated the viewpoints of advocates, clients, and providers likely to be affected by advocates' actions. Organizational data were gathered on site visits, and aggregate data on individual cases was received in monthly reports. Information was also gathered on costs and general program activities, on problems regarding advocacy actions and outcomes, and on client satisfaction. Policy implications of the study findings are expressed in terms of the context of advocacy activity, organizational location and funding, mission and staff orientation, client characteristics, provider perceptions, and costs. Based on these findings, four specific recommendations are made in relation to the recent passage of the Federal Mental Health Systems Act: (1) designers of advocacy systems should take into account the priorities included in the State's mental health plan to guarantee that their goals and activities can be directed to the neediest of the mentally ill population, (2) plans for needs assessment should be made, (3) there should be a broadly representative advisory body, and (4) staff should have both legal and mental health qualifications. Report no. NIMH 81-10. See also volume 2, PB81-177149; volume 3, PB81-177156.

251. Murphy, Jane; and Bradley, Valerie.
Government Studies and Systems, Inc., Philadelphia, PA.
Evaluation of Models of Advocacy Programs for the Mentally Ill and Developmentally Disabled. Volume II: Case Studies of Advocacy Programs.
17 Dec 80, 59p
PB81-177149 Available NTIS PC $9.00/MF $4.00

This is the second part of a three–volume report containing the results of a year–long study to document the methods and relative efficacy of various models of advocacy on behalf of the developmentally disabled. Eight advocacy programs from different parts of the country were selected for examination. This volume presents descriptive profiles of each of the eight programs. The following programs are described in terms of their auspices, mission and strategies, and current activities: Client Advocacy Program, Wisconsin Department of Health and Social Services, Madison, Wis.; Idaho Legal Aid Services, Inc., Mental Disability Law Unit, Idaho Falls, Idaho; Legal Center for Handicapped Citizens, Denver, Colorado; Mental Health Advocacy Project, Santa Clara County Bar Association Law Foundation, Inc., San Jose, Calif.; North Shore Children's Law Project, Lynn, Mass.; Patients' Rights Advocacy Services, Inc., San Francisco, Calif.; Rubicon Independent Living Program, Rubicon Programs, Inc., Richmond, Calif.; and Vermont Legal Aid, Inc., Burlington, Vt. The evaluation revealed striking differences in the organizational auspices, missions and strategies and in the ongoing activities among the programs. They reflect the diversity existing in the field, which has seen a proliferation of advocacy programs, projects, systems, and models in both the private and public sectors—all offering a range of services described as advocacy for mentally disabled clients. Report no. NIMH-11. See also volume 1, PB81-177131; volume 3, PB81-177156.

252. Murphy, Jane; and Bradley, Valerie.
Government Studies and Systems, Inc., Philadelphia, PA.
Evaluation of Models of Advocacy Programs for the Mentally Ill and Developmentally Disabled. Volume III: Analysis of Advocacy Actions and Outcomes.
17 Dec 80, 243p
PB81-177156 Available NTIS PC $19.50/MF $4.00

This is the third part of a three–volume report containing the results of a year–long study to document the methods and relative efficacy of various models of advocacy on behalf of the developmentally disabled. Eight advocacy programs from different parts of the country were selected for examination. This volume presents data analysis across programs. Arranged into nine sections, the report deals with the background and reasons for the study; the methodology and data base of the evaluation; the impact of context on approaches and outcomes; the impact of organizational history, location, and level and source of funding; the impact of mission and structure; the impact of client characteristics; the approaches, outcomes, and client satisfaction; the provider characteristics and perceptions of advocacy; and the impact of program and client characteristics on costs. The evaluation consisted of quantitative and qualitative data analysis in response to seven analytic questions from the issues raised regarding advocacy for the mentally disabled. The fundamental question underlying the analytic research concerned the relationship between advocacy actions and outcomes. Tabular data are provided. Appended are cost estimation calculations and hypothetical cost estimates. Report no. NIMH-12. See also related documents, volume 1, PB81-177131; volume 2, PB81-177149.

253. Nassau County Dept. of Mental Health, Mineola, NY.
Admissions Contact Termination Forms. Management Information System. Manual.

60

Sep 81, 49p
SHR-0008472 Available from Nassau County Department of Mental Health, 240 Old Country Road, Mineola, NY 11501.

This is a manual of instructions for filling out the admissions, contact, and termination forms required for data gathering in the Nassau County Department of Mental Health. Introductory material describes the structure of the department, its three data collection forms, and the computerized procedures by which data from these forms are processed further. Client flow through a typical mental health clinic is depicted graphically. The manual delineates item–by–item instructions for each of the three types of forms. The admission form collects sociodemographic data on clients to generate statistical reports to agencies. The contact form collects data that enables the reporting of service delivery according to agency, staff member, and client. The termination form is used to collect data to terminate a client on the rolls. Appendices contain agency codes, translation from client name to client code, county codes, census tract entries, lists of State facilities, levels of adjustment, an agency data transmittal slip, service element codes for admission and contact forms, diagnosis code details, and a diagnosis code summary listing. (Author abstract modified).

254. National Council on the Aging, Inc., Washington, DC.
Strategies for Linking the Generations.
1981, 30p
SHR-0008056 Available from National Council on the Aging, Inc., 600 Maryland Avenue SW, Washington, DC 20024.

The benefits of cooperation and exchange between youths and the elderly and specific actions that public and private institutions should take to promote this linkage are presented. The recommendations were developed at a series of 24 community workshops, 3 regional meetings, and a national conference that together involved more than 1,000 persons across the United States. The primary focus was on the creation of strategies for linking individuals over the age of 60 with youths under the age of 25. Among benefits of such cooperation are a reduction in potential conflict between these two groups, exposure of young people to a holistic view of life, promotion of new relationships for the elderly, pooling of agency resources, and improved understanding of the aging process and the elderly. Policy recommendations are grouped into nine subject areas: elementary and secondary education, higher education, social services, transportation, housing and neighborhood, crime prevention, religious and spiritual well–being, physical and mental health, and employment. In the area of elementary and secondary education, for example, recommendations include the incorporation of understanding of the aging process into the educational process at all levels and active encouragement of older persons' involvement as employees or volunteers. Examples of existing approaches to achieve these goals are a family living course that has been revised to include the total life cycle and the use of elderly persons as library grandparents in public libraries. Lists of other specific examples and appendices describing the process used to develop the recommendations and showing the locations and persons involved in the effort are provided. Report of the 1981 White House Conference on Aging Mini–Conference on Intergenerational Cooperation and Exchange.

255. National League for Nursing, New York. Accreditation Standards Committee.
Criteria and Standards Manual for NLN/APHA Accreditation of Home Health Agencies and Community Nursing Services.
1980, 48p
SHR-0008070 Available from National League for Nursing, 10 Columbus Circle, New York, NY 10019.

255.

Based on consensus among several professional groups, this guide provides home health agencies and community nursing services with the criteria and standards needed in preparing self–study reports for accreditation by the National League for Nursing and the American Public Health Association. A preface traces the history of standards development in the field from 1961 when the criteria were first formulated to this 1980 revision. The current 28 criteria primarily test administrative practices and conditions, beginning with community assessment. The nine standards on organization and administration consider the governing body of an organization, responsibilities of chief officials, fiscal policies, contracting authority, and coordination with other community agencies. A total of six criteria pertain to program objectives and priorities as well as service records and the education of student health personnel. Other areas covered include staffing policies and practices, the evaluation process, and long–range planning. Evidence that can support the achievement of each standard is identified. A glossary is provided. Seventh edition.

256. National Voluntary Organizations for Independent Living for the Aging, Washington, DC.
Long-Term Care for the Elderly: A Voluntary Sector Perspective.
Mar 81, 24p
SHR-0008041 Available from National Council on the Aging, Inc., 600 Maryland Avenue SW, Washington, DC 20024.

This report summarizes the National Voluntary Organization for Independent Living for the Aging (NVOILA) task force's responses to issues relating to a continuum of care system of services for the elderly and the role of the voluntary sector. The general goals, history, and membership of NVOILA and its parent organization, the National Council on the Aging, are first reviewed, especially programs to develop in–home and community–based services that promote independent living. The organization's growing concern with long–term care is also discussed. In preparation for the 1981 White House Conference on the Aging, NVOILA formed a task force to study several issues. The presentation of their findings begins with a description of services for the elderly that can be provided within a continuum of care system. Topics covered by an annotated bibliography prepared by the task force are detailed, as are major trends that emerged from these materials. Critical issues regarding long–term care for the elderly are the goals of a delivery system, how to define the frail elderly, organization of a continuum of services and intergroup relationships, and responsibility for allocating resources. The task force recommended that a national policy to strengthen the role of informal supports, such as family, neighborhoods, and self–help groups, be developed. Also examined are organizational and environmental factors that affect community supports and methods to enhance cooperation between the public and voluntary sectors. Members of the task force and its committees are listed. Report by the National Voluntary Organization for Independent Living for the Aging (NVOILA) White House Conference on Aging Task Force on Continuum of Services.

257. Office of Management and Budget, Washington, DC.
Eligibility Simplification Project: An Interagency Study With Recommendations for Simplifying Client Eligibility Among Major Public Assistance Programs.
Oct 80, 405p
PB81-158552 Available NTIS PC $30.00/MF $4.00

This report was prepared in response to President Carter's request for an interdepartmental review of the Federal policies and administrative processes for determining applicant eligibility for major public assistance programs. An interagency study team developed comprehensive analyses and recommendations for simpli-

fying and standardizing the eligibility requirements and procedures of the seven "basic needs" programs: Aid to Families with Dependent Children, food stamps, Supplemental Security Income, medicaid, employment and training (CETA), social services (title XX), and housing assistance (Section 8). The project's scope was limited to analyzing only factors that affect eligibility requirements and procedures, not those related to the level of benefits or services the programs provide. Also, the study was limited to Federal requirements, not those imposed by State or local governments. The recommended changes would reduce the conflicting and unnecessarily burdensome and duplicative eligibility requirements. Recommendations for changes in eligibility requirements are grouped into three categories: those affecting financial eligibility, those affecting nonfinancial conditions of eligibility, and technical requirements (standardizing definitions). A standard glossary of definitions has been formulated containing definitions of the elements of income and assets so that all programs will be able to agree on the basic components of eligibility requirements. The appendix contains additional material on the methodology, program benefits, issues studied and dropped from the report, efforts toward standardization, a work plan, and a listing of steering group and study team members. Tabular data are also provided.

258. Paton, John A.; and D'huyvetter, Pamela K.
Neoterics, Inc., Columbus, OH.
Automated Management Information Systems for Mental Health Agencies: A Planning and Acquisition Guide.
1980, 175p
SHR-0008753 Available from Superintendent of Documents, Government Printing Office, Washington, DC 20402, order number 017-024-01002-2.

This book presents a number of information system concepts and applies them to systems definition, analysis and planning, acquisition, and implementation. It also serves as a guide for the mental health program manager and staff to the tasks and responsibilities inherent in systems design, development, and implementation. The reader is introduced to computers, the uses of a management information system (MIS), policies and procedures affecting the system, the way the system fits into the organization, and the most common components of a community mental health center information system. Also included is a discussion of MIS terminology. The organization and policies an agency needs to effectively design, develop, and use an information system are explored, and the stages involved in implementing a system—beginning with the feasibility study and proceeding through analysis and functional definition, consideration of alternatives, design considerations, and cost justification—are described. The book also describes the process of organizing the agency's MIS advisory group, request-for-proposal preparation, vendor selection, contracting, project management, implementation of the system, and transition to the new MIS. It addresses the process of determining the impact of the system on the organization, its functioning, and its management. Finally, checklists and reference summaries are supplied. A glossary, 20 references, and a topic index are appended. Sample forms, tables, flow charts, and other illustrations are provided. (Author abstract modified). Mental Health Service System Reports, Series FN no. 1.

259. Pierce, Avery Dean.
Adoption Policy and the "Unwed Father": An Exploratory Study of Social Worker Response to Changing Conceptions of Fatherhood.
Dec 80, 188p
SHR-0008532 Available from University Microfilms International, 300 North Zeeb Road, Ann Arbor, MI 48106.

259.

This study of the changing role of the unwed father in adoptions explores policy shifts in this area and investigates the actions and attitudes of adoption workers toward these decisions and the men involved. Prior to 1972, the belief in public assistance policy was that only the father's provisioning role made him eligible for parenting. However, changes triggered by the Supreme Court decision in Stanley v. Illinois dealt directly with the right of the unwed father to be considered a parent. The case implied the need for a careful consideration by social workers of the behavior and characteristics of the unwed father. A questionnaire was developed to gage social workers' attitudes toward unwed fathers in such areas as parenting responsibility, fathering conception, practice actions, and fathering potential. A total of 258 social workers in California responded to the survey. Most of them were female, white, and possessed a master's degree in social work. Findings indicate workers still identify women in the nurturing role, and their bias still bars them from reconsidering the unwed father's role in adoption practice. Furthermore, workers tended to support a shared parenting responsibility both in current and future families and were less supportive of the importance of redefining the father's role. Most workers would exclude the fathers from the adoption process, especially if they thought he might get the child. They also reported that they believed they were following policy in all their actions. These attitudes and practices do not portend well for the unwed father's inclusion in adoption practice. Tables are included, and appendices present about 170 references, the questionnaire, and cover letters for the various followups. Submitted in partial fulfillment of the requirements for the degree of Doctor of Social Welfare to the University of California, Berkeley, 1980.

260. Prottas, Jeffrey Manditch.
Cost of Free Services: Organizational Impediments to Access to Public Services.
1981, 9p
SHR-0008954 Pub. in Public Administration Review v41 n5 p526-534 Sep/Oct 1981.

This paper examines why persons eligible to receive public assistance services, such as Project Head Start, food stamps, and health care, do not participate in these programs. Although available figures are inconsistent, nonparticipation rates appear to hover around 50 percent. Many of the decisions made by those who organize, administer, and work in these programs contribute to low utilization rates. Also, applying for many public programs is a demeaning experience characterized by long delays and complex procedures. The process requires citizens to pay both psychological and time costs to obtain service. In addition, the complexity of the programs allows street–level bureaucrats to control access to many aspects of the service via their monopoly over program information. Many public service agencies ration the services they are charged with delivering. The motivating force behind rationing is bureaucratic convenience, not public goals, and clients are the losers in such activities. A total of 59 references are appended. (Author abstract modified).

261. Rabby, Rami.
Locating, Recruiting, and Hiring the Disabled.
1981, 63p
SHR-0008025 Available from Pilot Books, 347 Fifth Avenue, New York, NY 10016.

This book examines the reasons for the current shortage in the supply of qualified, disabled candidates for employment and offers innovative approaches to locating, recruiting, and hiring people with disabilities. Emphasis is placed on raising awareness among management and other personnel and on effective outreach into the community for recruitment of qualified candidates. Strategies advanced as having immediate payoff are cooperative relationships with the traditional sources of recruitment of the dis-

abled and the use of advertisements in the media related to the disabled. The use of the services of executive search firms and employment agencies, college and university placement and disabled student coordinators, and specialized service organizations and technological aid manufacturers is also recommended, as is word of mouth communication through various umbrella organizations concerned with the disabled. Among strategies with a long-term payoff are cooperative education, summer employment, and transitional employment programs. Other approaches include career education seminars, business career forums, and job-seeking skills training programs; scholarships and fellowships for disabled students; sponsoring technical skills training programs specifically for the disabled; coordinating corporate charitable giving with affirmative action pursuits, serving on the boards of directors of rehabilitation agencies, and making the company's products and services accessible to the disabled. Appended are listings of magazines and newsletters for the disabled; State employment service agencies; regional veterans administration offices; State governors' committees on the handicapped; job banks and other private sector training and placement projects; and organizations that publish directories, run clearinghouses, or serve as sources of information and referral.

262. Reap Associates, Inc., Washington, DC. *Assessing Human Services Management Systems: Reader's Guide. Volume 1.*
Mar 80, 26p
SHR-0008613 Available from Social Service Research Institute, Welfare Research, Inc., 8th Floor, 1015 18th Street NW, Washington, DC 20036.

Intended for human service administrators and decisionmakers who are looking for ways to increase the effectiveness and efficiency of their management systems, this manual provides an overview of the purposes, nature, and methodology of assessments of management systems. The assessment methodology was developed from 5 years of research and demonstration focusing on title XX day care management. However, the principles and outcomes of the work are relevant to most types of social services management. The main purposes of conducting assessments of human services management are to audit minimum system requirements, document problems, and set priorities. Assessment can also be used to examine part of the total management system. The four major management areas that can be assessed are client management; provider management; claims reimbursement management; and planning, evaluation, and policy management. System assessment produces both quantitative and qualitative data on costs, clients, and system strengths and weaknesses. The four phases of a systems assessment study are the preparatory steps of developing administrative leadership, staff resources, staff orientation and training, and development of a study schedule; data collection and analysis; preparation of a baseline report; and definition of a problem for action planning. A chart presenting descriptions of assessment criteria and appendices presenting charts showing, for day care programs, the types of products and information an assessment will generate, are provided. The manual is the first in a series developed by the HHS Human Services Management Transfer Project. See also related documents, volume 2, SHR-0008614; volume 3, SHR-0008615.

263. Reap Associates, Inc., Washington, DC. *Assessing Human Services Management Systems: Assessment Model. Volume 2.*
Apr 81, 29p
SHR-0008614 Available from Social Service Research Institute, Welfare Research, Inc., 8th Floor, 1015 18th Street NW, Washington, DC 20036.

This manual, part of a four-volume series developed by the DHHS Human Services Manage-

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ment Transfer Project (MTP), gives information for managers who have decided to do a management systems assessment. The manual explains the assessment model developed by the MTP based on 5 years of research and demonstration experience in human service organizations. It also explains the implementation process and issues that must be addressed for an assessment to be successful. The assessment model is useful when management decisions must be made with insufficient information. It was developed in response to interest in increased productivity and accountability in public and private organizations responsible for the delivery of human services. Integrated management is the core concept of the model. The model's variables include system components (inputs, processes, and outputs), criteria (costs, utility, and problems / benefits), and identified systems (client management, provider management, claims reimbursement management, and planning and evaluation management). Conditions necessary for implementing an assessment are described, and the assessment steps are detailed. These steps include defining the study's scope, purpose, and methods; designing the study; collecting and analyzing the data; preparing the baseline report; clarifying and restating the problem; and preparing the final report. Issues that must be addressed in relation to deciding to do an assessment, initiating the assessment, and implementing the assessment are explored. Figures and four appendices presenting charts detailing the four principles of integrated management, a sample criteria matrix, assessment model systems and subsystems, and information flow in four management systems are provided. See also related documents, volume 1, SHR-0008613; volume 3, SHR-0008615.

264. Reap Associates, Inc., Washington, DC.
Assessing Human Services Management Systems: Implementation Manual. Volume 3.
Jun 81, 111p
SHR-0008615 Available from Social Service Research Institute, Welfare Research, Inc., 8th Floor, 1015 18th Street NW, Washington, DC 20036.

This manual, part of a four-volume series developed by the DHHS Human Services Management Transfer Project (MTP), is a guide for internal work groups who have been directed to design and implement an assessment of the current state of operations of an organization or a system. The guidelines are based on an assessment model containing three key concepts: use of the systems approach, systematic analysis of information for decisionmaking, and management through the integration of information. Basic assessment terms and concepts are defined. A detailed workbook is presented to lead the assessment team through the seven basic steps of defining the study, designing the assessment, developing the assessment plan, collecting and analyzing the data, preparing the baseline report, clarifying and restating problems, and preparing the final report. Guidance is provided for the assessment process rather than for specific content, which will vary according to the situation in which the assessment is used. Basic communication skills needed by the assessment team members in interviewing and conducting effective meetings are also detailed. Worksheets accompanying the text cover such subjects as stating the initial problem, defining systems and system components, identifying assessment methods, and stating goals and objectives. Among other worksheet topics are instrument design, formulation of objectives, and identification and selection of needs. Eight appendices present illustrations of data display techniques, a guide to questionnaire construction, a checklist for evaluating written materials, and related information. See also related documents, volume 1, SHR-0008613; volume 2, SHR-0008614.

265. Research and Special Programs Administration, Cambridge, MA. Transportation Systems Center.
Paratransit: State-of-the-Art Overview.

Mar 81, 120p
SHR-0008049 Available from U.S. Department of Transportation, Transportation Systems Center, Kendall Square, Cambridge, MA 02142.

This publication presents both an updating and an expansion of a 1974 technology sharing document on demand–responsive transportation. This update emphasizes paratransit experiences from 1975 to 1980. It presents information not only on demand–responsive services such as dial–a–ride and shared–ride taxi, but also on prearranged ride–sharing services such as carpooling, vanpooling, and subscription bus. The information is drawn from over 190 sources. It is intended as a guide to assist community and State planners, transportation providers, social service agencies, employers, and the general public in assessing the feasibility of paratransit service. The subsequent steps of planning, implementing, and managing a paratransit service are also delineated, along with information on marketing the service, employee training techniques, potential computer applications, paratransit service evaluation, and institutional issues. The material is introduced with an overview of paratransit services and their role in the community and of the users and providers of such services. This is followed by a description of the various forms of paratransit services. Planning for paratransit services is delineated, including identifying unmet transportation needs, assessing existing public transportation, establishing goals and objectives, involving the community, and determining operating patterns and finances. Personnel considerations, management techniques, and pretesting and evaluation concerns are described. The institutional issues discussed include regulations, legal matters, insurance, and labor. A glossary and 191 references are appended. Technology sharing program.

266. Rhoades, Philip W.; and Parker, Sharon L.
Oregon Coalition Against Domestic and Sexual Violence, Portland.
Connections Between Youth Problems and Violence in the Home: Preliminary Report of New Research.
Sep 81, 87p
SHR-0008470 Available from The Oregon Coalition Against Domestic and Sexual Violence, 2336 SE Belmont, Portland, OR 97214.

This paper reports the preliminary analysis of the survey data on physical abuse histories of juvenile delinquents in Oregon. The research was motivated by the growing evidence of a relationship between the social problems of child abuse and juvenile delinquency. Therefore, this project was designed to improve the working relationship between juvenile justice agencies and domestic violence agencies in Oregon. It was to accomplish this task through networking (or the fostering of coordination, cooperation, and information exchange between the two agencies). The research component assessed the need for networking within Oregon by providing data about the child abuse experienced by juvenile delinquents under the supervision of juvenile agencies. The sample studied consisted of 191 juveniles ranging in age from 12 to 23. The study confirmed the hypothesis that the greater the number of parent figures in the juvenile's family history, the more likely it is that abuse will be reported. Contrary to expectation, it was not found that there was more abuse in the histories of males than females. In this sample, female juvenile delinquents were more likely to be abused and the abuse suffered was more frequent and more serious. Male parents were cited as the more frequent abuser. Previous experience of child abuse correlated with juvenile alcohol and drug abuse, running away, and violent crime. The abuse reported by violent juveniles was of a more frequent and serious nature than that experienced by nonviolent juveniles. Tables and graphs are provided. References include about 62 items. This paper was

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released at the conference: Connections: A Partnership for the Future, September 12-13, 1981, Portland, Oregon.

267. Ringers, Joseph.
Virginia Univ., Charlottesville. Mid-Atlantic Center for Community Education.
Developing, Managing and Operating Community Service Centers.
Aug 81, 100p
SHR-0008584 Available from University of Virginia, Mid-Atlantic Center for Community Education, School of Education-Ruffner Hall, 405 Emmet Street, Charlottesville, VA 22903.

This manual was designed to facilitate the development of local support networks for the delivery of comprehensive human services. The project focused on the development of plans for the utilization of public secondary schools to serve as local delivery sites and enhance the service capabilities of community service agencies. The project was developed in response to a need by the Comprehensive Employment and Training Act (CETA) to establish productive working relationships with educational agencies and institutions. Eight selected sites in Virginia received technical assistance in developing a local plan for coordinating comprehensive human services delivered from a secondary school site by a combination of local, public, and private agencies. Staffing and training plans and a management plan were also to be developed. Opportunities for colocation, coprogramming, and collaboration were to be identified and awareness sessions on community education and interagency coordination were to be provided. A culminating activity of the project was a 3-day cooperative community planning workshop to share plans and concerns among public schools, human service agencies, and CETA, and to increase understanding and draft plans for cooperative community service. The manual begins with an overview of linking, including the motivation for networking, participatory decisionmaking, and skills for creating linkages. The decisionmaking process is delineated, as is the planning sequence. Special problems related to legal obstacles, communication differences, and complexity of the project. Also covered are facility planning and managing the community service center. The key elements of success, such as leadership, programming effectiveness, and evaluation considerations are discussed. The concluding chapter identifies where to find more help, listing accomplished projects and other resources. Tables, graphs, and about 50 literature references are given.

268. Robinault, Isabel P.; Weisinger, Marvin; and Folsom, J. C.
ICD Rehabilitation and Research Center, New York. Research Utilization Lab.
Research Utilization Laboratory in a Comprehensive Rehabilitation Center.
Dec 80, 95p
SHR-0007980 Available from National Rehabilitation Information Center, Catholic University, 4407 8th Street NE, Washington, DC 20017.

The 10-year history of the ICD Research Utilization Laboratory (ICD-RUL) is reviewed, underscoring the role of ICD-RUL as a link between researchers and State and Federal project managers working in programs for vocationally vulnerable populations. RUL's purpose is to be aware of emerging national priorities in the area of rehabilitation; scan data banks, information resources, and available programs for materials that relate to the problems; develop suitable options; and conduct pilot tests of programs. RUL is also a center for the dissemination of information. The laboratory has developed two national information centers for disabled public assistance recipients and has created innovative service delivery models for special populations with vocational handicaps. Sample service delivery models include one to promote tapes on leaderless group techniques, the placement

preparation program, the community resources multifacet model for the mentally ill, and the audiovisual training program on work-related needs. RUL also published the PA / VR (Public Assistance / Vocational Rehabilitation) Newsletter, special bibliographies, and state-of-the-art communiques to respond to issues raised by Federal and State agency personnel and their support facilities. This final report on work done under the 10-year grant includes a brief history of the climate in which ICD-RUL was born as one of two laboratories situated in comprehensive rehabilitation centers. It presents the goals and activities of ICD-RUL in sections covering the first and second 5-year period, and it gives highlights of assessment activities relevant to a wide variety of RUL projects. Finally, conclusions and recommendations regarding future needs and services are summarized. Figures are included. The appendices contain samples of work products disseminated by RUL. (Author abstract modified). See also executive summary, SHR-0007981.

269. Robinault, Isabel P.; Weisinger, Marvin; and Folsom, J. C.
ICD Rehabilitation and Research Center, New York. Research Utilization Lab.
Research Utilization Laboratory in a Comprehensive Rehabilitation Center: Executive Summary.
Dec 80, 18p
SHR-0007981 Available from National Rehabilitation Information Center, Catholic University, 4407 8th Street NE, Washington, DC 20017.

This executive summary of the final report on the history, contributions, and activities of the ICD Research Utilization Laboratory (ICD-RUL), one of the first laboratories of its kind associated with a comprehensive outpatient rehabilitation center, documents 10 years of experiences. RUL supplies and interprets knowledge about the field of vocational rehabilitation that is developed through the research of others. Its target groups are State and Federal vocational rehabilitation agencies. RUL scans data banks, information resources, and available programs for materials that relate to rehabilitation issues; develops suitable options; conducts pilot tests of programs; and disseminates information. The laboratory has developed two national information centers for disabled public assistance recipients and has created innovative service delivery models for special populations with vocational handicaps. Sample service delivery models include one to promote a tape series on techniques for conducting leaderless groups, the placement preparation program, the community resources multifacet model for the mentally ill, and the audiovisual training program on work-related needs. RUL also publishes a newsletter and produces bibliographies and communiques on current issues. Recommendations for future RUL programs and a diagram are included. See also related document, SHR-0007980.

270. Roederer, Doug; Shimberg, Benjamin; and Marcelli, Ralph.
Council of State Governments, Lexington, KY.
Occupational Licensing: Centralizing State Licensure Functions.
Mar 80, 29p
SHR-0008803 Available from Order Department, Council of State Governments, PO Box 11910, Iron Works Pike, Lexington, KY 40578.

This report addresses the administrative and organizational structures used to implement statutes granting licensure to various occupations and professions. Historically, boards have been autonomous, not attached to any department of government. Over the past 20 years, there has been a trend toward the establishment of central agencies to perform certain administrative services and, to some extent, policy coordination for individual boards. To gather information concerning the degree of centralization of State licensure functions, researchers delineated key

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activities and established five organizational models. These show the extent to which central licensure agencies are used and how much authority they have. Results of a survey that applied these models to State licensure activities are presented. It was found that 19 States are best described by the model in which licensure boards are totally autonomous. Substantial authority over autonomous licensure board decisions is found in two other models; only six States have central licensure agencies best described by these two models. Arguments for and against central licensure agencies are reviewed. The need for professional expertise, administrative efficiency, insulation from political interference, and accountability can be fulfilled by autonomous boards. Advantages of central agencies also include efficiency, better coordination, oversight mechanisms, and accountability to citizens. Case studies of three models are summarized. The survey instrument is appended, and a map, a table, and two footnotes are provided.

271. Rosenbaum, Nelson.
Center for Responsive Governance, Washington, DC.
Government Funding and the Voluntary Sector.
19 Aug 80, 23p
SHR-0008791 Available from Center for Responsive Governance, Publications, 1100 17th Street NW, Suite 313, Washington, DC 20036.

A seminar paper on Government funding and its impact on the voluntary sector (and comments in response to the paper) discuss the nature of volunteer work, the bureaucratization that creeps into voluntary organizations because of compliance with funding requirements and implementation of structured management systems, and recommendations to improve the Government–voluntary sector relationship. The Federal Government has managed to spread health and social services, along with recreational, cultural, and other human services, to a greater part of society by funding nonprofit voluntary organizations. Using this strategy, the Government avoids large increases in public employment and administrative structures. At the same time, the voluntary sector has benefited financially to the point that these organizations now rely on the Government for the greater part of their funding. However, this relationship is not purely beneficial for the voluntary sector because as organizations accept funds, they lose independence and are forced toward accelerated bureaucratization to comply with reporting and other administrative requirements. This bureaucratization in turn requires more structured management systems so that the voluntary organization tends to lose its emphasis on substantive services. While this trend tends to reduce amateurism and haphazard management practices, it also reduces diversity, flexibility, willingness to innovate, and it interferes with the voluntary sector's close ties with the communities and interest groups that once were relied upon for support. It is possible to reverse this trend. For instance, a single governmental agency could monitor funds for nonprofit organizations reducing confusing and conflicting requirements, Government assistance agencies could make greater use of matching or challenge grants, and Government grants could cover fully the costs of bureaucratization that they impose. Additional suggestions by the author and by seminar participants are included. Monthly Seminar Series. Report no. MSS-80-08.

272. Royse, Richard E.
Kansas Center for Mental Retardation and Human Development, Lawrence.
C.I.L. (Center for Independent Living): Design for Success.
1980, 113p
SHR-0008149 Available from National Rehabilitation Information Center, Catholic University, 4407 8th Street NE, Washington, DC 20017.

This manual is intended to assist nonprofit organizations in establishing centers for independent living (CIL's). CIL's provide direct services and support services to disabled persons who live independently in their communities. The center model outlined is not designed after any single CIL currently operating. It combines the innovative and effective components of a variety of centers, including CIL's in California, Massachusetts, Wisconsin, and Michigan. The model places primary emphasis on CIL linkages with the existing generic service system, while developing specific services necessary to ensure that disabled persons have the opportunity to live independently. This emphasis allows the center to develop a broad base of community support while stimulating other community agencies to examine their services and attitudes. The manual is divided into eight sections that discuss center development, housing service options, attendant services, transportation, employment, other services (advocacy, counseling, and information and referral), program funding, and accountability. Attention is given to involving consumers in the operation and direction of the CIL. The manual is intended only as a guide or introductory tool for the development of a CIL in a given community. Each sponsoring organization must give consideration to the needs of disabled persons in its own community and decide about the most productive method for linking with the existing community service delivery system. A resource list provides the addresses and phone numbers of selected CIL's, other resource organizations, and selected publications. (Author summary modified).

273. Rubin, Eleanor S.
National Council of Jewish Women, New York. Task Force on Aging.
Options for Living Arrangements: Housing Alternatives for the Elderly.
Jun 80, 39p
SHR-0007826 Available from Task Force on the Aging, c/o National Council of Jewish Women, 15 East 26th Street, New York, NY 10010.

This manual provides information on the housing needs and options of the elderly as well as supportive services needed to help the elderly remain independent in the community. Guidance is provided for section leaders of the National Council of Jewish Women (NCJW) for projects to help the elderly have a more comfortable and meaningful life in the community. "Special housing" for the elderly is designed with the needs of the elderly in mind, together with well-planned service delivery and neighborhood support systems which will facilitate the elderly's independent or semi-independent living in the community. Plans for special housing may include rehabilitation of old facilities, renovation of existing buildings, provision of relief for energy costs, adaptation of private homes for shared dwellings, allowance for homeowners in the form of reverse annuity mortgages, and provision of maintenance services. Different types of housing that might serve the elderly are owner-occupied single family houses, low-rent public housing, special multiunit rental housing for low-income and moderate-income elderly under Federal loans, as well as boarding homes, mobile homes, and retirement communities. Supportive services include home care, prepared meals, transportation, recreation, and education. Funding sources that can help the elderly with housing and supportive services are identified, general approaches for NCJW sections to use in helping the elderly to be independent in the community are described, and specific project suggestions are offered for sections of varying sizes. Appended are a community housing survey form and an evaluation form for NCJW sections to use in assessing their involvement in housing concerns for the elderly. Seven footnotes and a bibliography of 15 listings are provided.

274. Sadler, Roberta R.
Woodrow Wilson Rehabilitation Center, Fishersville, VA. Research Utilization Lab.
Final Report and Guide to a Research Utilization Laboratory for Vocational Rehabilitation Service Delivery.

274.

30 Aug 80, 89p
SHR-0008097 Available from National Rehabilitation Information Center, Catholic University, 4407 8th Street NE, Washington, DC 20017.

This discussion of the activities of the Research Utilization Laboratory (RUL) in Virginia, which was set up to facilitate the process of applying new knowledge and research findings to improve rehabilitation services, is presented for service delivery organizations in order for them to determine whether, and to what extent, they could adopt similar programs. The RUL serves as liaison between the researchers and the service delivery setting. Its goals include developing effective methods for rehabilitation practitioners to use research-generated information within a comprehensive rehabilitation center; assisting in field testing and evaluation of research developments, techniques, and procedures; and providing techniques and examples of information utilization to others in Virginia and the regional rehabilitation community. Following a brief introduction to the concept of research utilization, the report describes the program as a whole from the perspective of the staff and in the form of a series of "activity digests" that discuss illustrative research utilization efforts. An evaluation of RUL efforts is also presented; the personal reactions of a sample of individuals familiar with the project are recounted. The integration of the RUL program as a functional and organizational part of the comprehensive rehabilitation center was viewed as a positive feature of this effort. It was recommended that research utilization programs be undertaken in the service delivery setting and that fundings for such efforts be secured from the service delivery program and from a source independent of the service delivery program. Reference materials are appended, and a few footnotes and illustrations are provided. (Author abstract modified).

275. San Diego Association of Governments, CA. Criminal Justice Evaluation Unit.
Evaluation of Domestic Violence in the San Diego Region.
Aug 81, 164p
SHR-0008491 Available from Criminal Justice Evaluation Unit, San Diego Association of Governments, Suite 524 Security Pacific Plaza, 1200 Third Avenue, San Diego, CA 92101.

This paper reports on the evaluation of projects in the San Diego, Calif., region funded to address the problem of domestic violence. Goals of the projects were to provide an effective response for victims of spouse assault, rape, and child abuse by reducing victim traumatization and by increasing arrests and convictions of offenders. Since the problem of domestic violence requires intervention by many agencies, evaluation efforts examined the impact of these agencies as well as the funded projects. The evaluation report begins with data on the incidence, prevalence, and nature of domestic violence, summarizes the projects' impact, and then assesses the criminal justice system response. The quality of service delivery and effective organizational structures are described, followed by a consideration of what attitudes are reflected by the community with regard to the problems of spouse and child abuse. The study finds that reported incidence of both spouse assault and child abuse have increased in the area; that the North County projects served over 1,000 victims of domestic violence during the 18-month study period; that actions taken by criminal justice personnel indicate an improved response to domestic violence disturbances; that the key to effective intervention in domestic violence cases is the recognition of the need for liaison between criminal justice components and social service providers. Results of the telephone survey of 502 San Diego County citizens indicate that a third of the citizens perceive the issue of domestic violence to be a problem in their communities. Tables, charts, and 11 references are given. Appen-

dices provide study instruments, additional tables, and excerpts from the California Penal Code.

276. Scientific Analysis Corp., San Francisco, CA.
Beyond Status Offender Deinstitutionalization: Public Child Welfare Services for Troubled Adolescents in the 80's.
Oct 80, 181p
SHR-0008793 Available from Regional Institute of Social Welfare Research, Inc., PO Box 152, Athens, GA 30603.

This document reports on a 2-year study of the impact of the Juvenile Justice and Delinquency Prevention Act (JJDPA) of 1974 on public child welfare services. Specific objectives were to assess the impact in terms of demand on public child welfare services of juvenile justice system efforts to deinstitutionalize services as reflected in their patterns of services provision to adolescents, and to provide, based on these assessments, recommendations pertinent to the improvement of public child welfare services for adolescents. These objectives were addressed methodologically by conducting a series of studies, some of which involved secondary analyses of major existing data bases. The report recommends that the Office of Human Development Services (OHDS) require the development of discrete plans for adolescent services as an integral part of both joint Federal–State and State only planning governing the expenditure of additional funds for child welfare services authorized under both titles of Public Law 96–272. It is also recommended that OHDS, ACYF (Administration for Children, Youth, and Families) relocate the Youth Development Bureau as a component of the Children's Bureau and that DHHS–OHDS should initiate direct funding to localities on a demonstration basis for the purpose of developing neighborhood service systems for troubled adolescents. Moreover, OHDS, ACYF, CB (Children's Bureau) should place a higher priority on research related to child welfare services for adolescents in the forward planning of its research and development strategies. Technical appendices and 30 notes are included.

277. Seymour, Scott; and Howard, Dick.
Council of State Governments, Lexington, KY.
Innovations. Simplifying Federal Grant-in-Aid in Arizona and Kentucky.
Jan 80, 18p
PB80-212533 Available NTIS PC $6.00/MF $4.00

The implementation of the 1974 Federal Joint Funding Simplification Act—legislation intended to simplify the process whereby grantees apply for, receive, and administer funds from several Federal agencies—is examined for Arizona and Kentucky. The types of participants in the joint funding program are reviewed for each of the two States. The application, funding, and implementation process for each State are also examined. Joint funding advantages are discussed, as well as the transferability of the experiences of these two States for other States. The projects of both States demonstrate the potential for joint funding in simplifying grant administration and for a more comprehensive and coordinated approach to service planning. While some administrative problems do exist, joint funding provides a means to address and solve some of the problems inherent in the acquisition and administration of Federal grants. As these problems are solved, programmatic aspects of joint funding may be expanded to integrate more Federal programs into the projects. Based on the performance of the Arizona and Kentucky projects and several others at the local level, the Office of Management and Budget and the General Accounting Office have recommended reauthorization of joint funding for the next 5 years. Also provided is a policy resolution adopted by the Governing Board of the Council of State Governments in 1979 pertaining to the simplification of the grant-in-aid process. Recent Innovations reports are listed as well. (NTIS abstract modified).

278.

278. Slivinske, Lee R.; and Israiowitz, Richard E.
Case Western Reserve Univ., Cleveland, OH. Human Services Design Lab.
Cuyahoga County Department of Youth Services: Diversion Project Evaluation.
Sep 80, 61p
SHR-0007977 Available from Case Western Reserve University, Human Services Design Laboratory, School of Applied Social Sciences, Yost Hall, Room 229, Cleveland, OH 44106.

This is the final report on an evaluation of the Cuyahoga County Department of Youth Services' Diversion Project (Ohio). The project, which provides counseling and other services to approximately 60 juvenile status offenders and their families, was found to be very effective in reducing the delinquency committed by participating youth. Also, other factors associated with their problem behavior were found to have been minimized, including drug use / sale, violent offenses, property offenses, and status offenses. Data also indicate there was a reduction in school–related problems of Diversion Project youth. The study consisted of three phases. During Phase I, self–reports were obtained on the commission of status, property, and violent offenses; drug use and / or sale; problems at school; poor parental relationships; and poor self–images and perceptions of being labeled "troublemaker." During Phase II, posttest measures were obtained after services had been provided for approximately 9 months. Phase III consisted of measuring and analyzing the perceptions of project youth, their parents, service providers, and project staff regarding the project and its effectiveness. The majority of the survey respondents viewed the project to be effective. Additional effort is needed to further develop interagency cooperation and communication. Tabular data, survey instruments, and 12 references are provided.

279. Smith and Wilburn Associates, Inc., Huntsville, AL.
Work Program Design for Establishing Coordinated Elderly and Handicapped Transportation Services: A Staff Memorandum.
Mar 80, 24p
SHR-0008816 Available from Birmingham Regional Planning Commission, 2112 11th Avenue South, Suite 220, Birmingham, AL 33256.

This memorandum is designed to facilitate implementation of a recommended coordination and / or consolidation of transportation services for the elderly and handicapped in the Birmingham, Ala., area. A number of specific activities must be accomplished to establish coordinated transportation services. Four major work program phases are anticipated: selection of participants; advance planning; operations programming, including operations design and scheduling; and implementation and evaluation. The paper also discusses actions required prior to proceeding with the work program. It notes that elderly and handicapped transportation planning activities have been productive because actual service improvements have been implemented, communication among agencies and between the elderly and handicapped transportation providers has improved, and the Birmingham area has continued to meet various Federal guidelines and regulations concerning elderly or handicapped services. However, additional efforts to move toward actual initiation of coordinated service operations require an increased level of commitment. Specifically, two or more transportation service providers must be willing to enter into an agreement to investigate current operations, services, and funding in detail and establish a joint transportation service if at all possible. Footnotes and appendices giving an excerpt from the Birmingham area elderly and handicapped transportation plan, a draft interagency agreement, and an information questionnaire are provided.

280. Smith, Janice B.
Office of Personnel Management, Washington, DC. Office of Intergovernmental Personnel Programs.
Upward Mobility: Considerations for Program Planning and Development. Information for State and Local Governments.
Mar 81, 33p
SHR-0008076 Available from Office of Personnel Management, Office of Intergovernmental Personnel Programs, PO Box 14184, 1900 E Street NW, Washington, DC 20044.

This publication outlines the major issues and factors to consider in the planning and development of an upward mobility program, especially for employees of State and local governments. The concept of upward mobility is one of the means for meeting affirmative action goals mandated by the Federal standards administered by the U.S. Office of Personnel Management. The publication discusses the kinds of data needed to make program design and implementation decisions and suggests potential uses of such data. Individual sections of the manual focus on each of the seven components of an upward mobility program: identification of work force patterns and needs, identification of target positions, selection of program participants, training for program participants, career counseling, evaluation, and program administration. For example, the chapter on identification of target positions notes that once the target positions have been identified, the methods used to move employees into those positions or career ladders leading to those positions should be defined. The three methods commonly described to move employees into target positions are the crossover method, the bridge method, and the skills upgrade method. In addition, two strategies for reserving upward mobility slots are the use of attrition as an intake mechanism and the setting aside of a certain number of positions for the upward mobility program. A reference list is provided. (Author abstract modified).

281. Social Security Administration, Washington, DC. Office of Planning, Evaluation, and Statistical Analysis.
Work Welfare Programs: State Experiences.
2 Sep 81, 19p
SHR-0008804 Available from Office of Family Assistance, Office of Intergovernmental Communication, 2100 2nd Street SW, Transpoint Building, Washington, DC 20201.

This report reviews the results of various State work-related welfare programs and discusses alternatives for States considering a community work experience program (CWEP) for recipients of Aid to Families with Dependent Children (AFDC) benefits. It identifies specific management practices, staff attitudes, and community support levels that contributed to successful CWEP programs. The report also discusses components of a work program and suggests that States may wish to target certain groups within the AFDC population, to find worksites that have the potential to lead to a regular job, and to consider whether funds are available for child care before deciding whether to include certain recipients in the pool of CWEP eligibles. States may also want to consider sanctions against recipients who resist CWEP, inclusion of a job search component in their programs, and arbitration of disputes. States should plan early to measure CWEP's performance. The text gives suggestions on how to monitor the program, how to measure its cost effectiveness, and how to choose the bases for tracking benefits and costs. Eleven references and an appendix presenting an outline of possible work assignments for CWEP participants are included.

282. Spector, Alan Jay.
National Inst. of Mental Health, Rockville, MD.
Deinstitutionalization of Child Welfare Services in Illinois: Social Change and Policy Change.

282.

1980, 228p
SHR-0008164 Available from University Microfilms International, 300 North Zeeb Road, Ann Arbor, MI 48106.

This dissertation examines the circumstances leading up to the adoption and consolidation of deinstitutionalization in Illinois child welfare policy starting in 1973. The deinstitutionalization policies were initiated by Dr. Jerome Miller, who was appointed in 1973 as Director of the Illinois Department of Children and Family Services (IDCFS). Miller, who had previously led deinstitutionalization efforts in Massachusetts, was director of the Illinois agency for only 18 months, but the deinstitutionalization policies that he advocated became standard agency policy. The dissertation's first section examines Miller's administration in Massachusetts and the philosophy and style that he brought into his administration in Illinois. The second section discusses the IDCFS before Miller came to Illinois and describes the organizational structure and functioning as well as the relationships involved in child welfare services. Other sections discuss the developing national currents in child welfare and how they are related to the development of deinstitutionalization policy. Also analyzed are the various interest groups and other influences on policy, the controversies, the political situation, and the actual changes effected during Miller's administration. Subsequent sections discuss the administration of Miller's successor and adaptations made by interest groups who were initially opposed to the deinstitutionalization thrust. Figures, tables, and a list of 89 references are provided. (Author abstract modified). Submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy to Northwestern University, 1980.

283. Spivack, Saul.
Pennsylvania Univ., Philadelphia. Dept. of Physical Medicine and Rehabilitation.
Appraisal of the Current State of Long Term Care Health and Social Planning.
Mar 81, 22p
SHR-0008739 Available from University of Pennsylvania, National Health Care Management Center, Leonard Davis Institute of Health Economics, 3641 Locust Walk/CE, Philadelphia, PA 19104.

This history of long-term care health and social planning and policy is discussed, followed by a summary of the current status of long-term care and the problems that need to be addressed. Comprehensive, system-level health planning did not begin until the 1960's, and these years were represented by a spurt of legislation resulting in medicare and medicaid programs, the Regional Medical Program, and the Comprehensive Health Planning (CHP) and Public Health Services Amendments Act of 1966. Health care costs became the issue in the 1970's and these years saw the initiation of the Professional Standards Review Organization, the National Health Planning and Resources Development Act, State Health System Agencies (SHSA's), and State Health and Planning and Development Agencies (SHPDA's). The social system had a separate history of planning and development, including establishment of various social services under the Social Security Act, the Older Americans Act, and the Veterans Administration. Much of the responsibility for long-term care planning has accrued to SHSA's and SHPDA's because most publicly funded long-term care services are within the medical model and fall under these agencies' mandate to service special population groups. However, planning for long-term care has lacked consistency in terms of community-based services. The resources required to create a long-term care system are funded at the national level under a variety of autonomous categorical programs. Unfortunately, the SHPDA's and the SHSA's cannot directly address the gaps in long-term care where social problems arise nor can they integrate the services. These auspices have been proposed for a health-social model synthesis: (1) an autonomous entity drawing resources from both systems based on the in-

dividuals' primary needs, and (2) placement of long-term care responsibility within an expanded health or remodeled system. Several demonstration projects and trends in the health field indicate an acknowledgment of the problems and experimentation in dealing with them. About 60 references are cited. Discussion paper no. 41.

284. Staley, Carl.
Save the Children, Inc., Atlanta, GA. Child Care Support Center.
Day Care Financial Management: Considerations in Starting a For-Profit or Not-for-Profit Program.
Jan 81, 20p
SHR-0008789 Available from Child Care Support Center, 1182 West Peachtree Street NW, Atlanta, GA 30309.

This paper for the day care director examines financing considerations in starting and operating either a for-profit or a not-for-profit day care center. It looks at developing financial goals, estimating startup costs, determining whether there is enough startup money, and identifying sources of startup funds. In particular, the costs of renting or purchasing a building are of concern, and occupancy costs must be estimated. An example of buying an existing center illustrates what is involved in any startup decision. Regardless of whether an existing center is being bought or a new center is being constructed, success will depend upon constant monitoring to allow adjustments to what really develops after the program begins operating. For example, the closing of a primary employer of parents could close the day care center if adjustments are not made on a timely basis. The startup decisions made will have continuing impact on the operation of any day care center. Sample financial statements are included.

285. Swan, Christopher C.
California Office of Appropriate Technology, Sacramento.
Transformation of Transportation.
Feb 81, 16p
SHR-0008603 Available from Office of Appropriate Technology, 1600 Ninth Street, Sacramento, CA 95814.

This paper is designed to aid imaginative dialog, both within and without State government, concerning the future of California transportation. In both the manufacture and operation of transportation, substantial quantities of increasingly expensive energy and resources are consumed. As public transit systems faded out and the automobile gained popularity, a highly mobile society was developed in the United States that is now extraordinarily dependent on fossil fuels, energy intensive materials, and manufacturing. The very social fabric is woven with transportation, especially in California. Thus, rising energy and resource costs have a direct relationship to every aspect of Americans' lives. These rising costs can be seen as a profound opportunity to redefine transportation vehicles and networks, a chance to explore the potential of neighborhood-scaled systems involving bicycles, footpaths, small buses, and taxis, as well as intercity trains and dirigibles that efficiently cover the distance while simultaneously providing a convivial experience of mobility. Drawings and diagrams are included. Eleven references are listed. (Author abstract modified). Occasional paper.

286. Taft, Julia Vadala; North, David S.; and Ford, David A.
New Transcentury Foundation, Washington, DC.
Refugee Resettlement in the U.S.: Time for a New Focus.
31 Jul 79, 222p
SHR-0007943 Available from New Transcentury Foundation, 1789 Columbia Road NW, Washington, DC 20009.

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The approaches to refugee resettlement in the United States during the past 25 years are reviewed to determine their impact on refugees' ability to resettle effectively, to explore possible new approaches, and to recommend ways to organize and deliver these services in the future. Information was gathered via literature searches, semistructured interviews of public and private agency officials, analysis of official documents, and examination of scholarly work and anecdotal material about the resettlement experiences of Chilean, Cuban, Hungarian, Indochinese, Kurdish, and Soviet refugees in the United States. Results indicate the need for a new focus that views refugees as only transitionally dependent populations, who initially need concentrated services such as English language and skills training, cross–cultural orientation, and mental health services. In addition, greater reliance is needed on human investment services in order to reduce long–term reliance on maintenance programs. Every effort should be made to ensure that refugees categorically eligible for existing human services programs receive these services, with attention to their particular cultural and linguistic differences. Permanent authorizing legislation is needed for refugee assistance. Full Federal funding should support economic, medical, and social adjustment services to each eligible refugee for 3 years after arrival in the United States. The Federal Government's executive branch should be strengthened with respect to its capacity to oversee all refugee activities, and the relationship and responsibilities of public and private organizations should be more clearly defined. Tables, footnotes, and appendices presenting a bibliography and other materials related to the study are provided. (Author abstract modified).

287. Taylor, James B.
Using Microcomputers in Social Agencies.
1981, 119p
SHR-0008093 Available from Sage Publications Inc., 275 South Beverly Drive, Beverly Hills, CA 90212.

This monograph provides an introduction to microcomputer technology and explores the uses of microcomputers to meet human service agency needs. The volume is designed to help human service administrators or workers learn about microcomputers and about how to harness their capabilities. Microcomputer applications discussed include client information systems, business and financial systems, word processing, decision support and "blue sky" applications, such as administering and scoring ability tests. Estimates of hardware costs and a form allowing an administrator to diagnose needs that the microcomputer might meet are provided. Subsequent chapters present the seven steps to implementation of a microcomputer system, basic approaches to system design, and suggestions regarding choosing and using software. A detailed case example is presented in which a microcomputer was used in an ombudsman's office in one State to deal with complaints from or about State institutions. Options for using either microcomputers or larger computer systems in large agencies are also examined. The use of microcomputerized information in program assessment and management decisionmaking is explored. The concluding chapter presents several scenarios depicting the future use of microcomputers in a mental health agency. It is concluded that the microcomputer will become a tool which, although limited in itself, will become essential to human service practice. Figures, forms, diagrams, and 25 references are provided. Appended to each chapter are additional references. Sage Human Services Guide v19.

288. Testa, Charles.
Granville Corp., Washington, DC.
Exploratory Evaluation of Selected Long-Term Care Channeling Projects: The Information Systems.
1 Jul 81, 224p
SHR-0008671 Available from The Granville Corporation, 1133 Fifteenth Street NW, Suite 1100, Washington, DC 20005.

Based upon analyses of the information systems used in four long-term care "channeling" projects, a model is proposed for a computer and information system to evaluate the National Long Term Care Demonstration (NLTCD)—a Federal program intended to stimulate improvements in the long-term care system at the State and community levels. Based upon lessons learned from reviewing four existing information systems for channeling-type programs for long-term care, the report recommends that the goals and objectives for NLTCD be detailed at the outset of the program. This will facilitate focusing and simplifying specification of the data requirements for evaluation of the NLTCD. This does not mean, however, that each State's program in the demonstration must have precisely the same goals and objectives but rather that goals are sufficiently definable and measurable for comparisons between programs to be made. Further, the alternative long-term care programs with which the NLTCD is to be compared should be decided at the outset. For a complete set of external comparisons, it would appear advisable to collect data on subjects who are comparable to the channeling-type clients but who do not participate in any type of long-term care program. A chapter is devoted to each of the four existing long-term care information systems examined. Thirty-two exhibits are provided. See also related document, SHR-0008680.

289. Tossey, Marvin Gerald.
Predicting Community Adjustment of Former Group Home Residents.
1980, 95p
SHR-0008531 Available from University Microfilms International, 300 North Zeeb Road, Ann Arbor, MI 48106.

This study sought to test the utility of Hirschi's control theory to predict the behavior of adjudicated juvenile offenders. Hirschi states that delinquent acts result when an individual's bond to society is weak or broken. The social bond contains four elements: attachment, commitment, involvement, and belief. It was hypothesized that there would be a positive association between "stake in conformity" scores and community adjustment ranking. A sample of 100 group home residents was selected to test the hypothesis. A series of instruments that measured behavior and attitudes was administered to the sample while they were still in group homes. Each person was then restudied 6 months after leaving the homes. The subsequent community adjustment of study participants was measured on a 3-point ordinal scale based on school and / or work experience and court contacts. It was found that the sample could be categorized in nearly equal amounts into the outcome groups of positive, moderate, and poor levels of adjustment. Univariate analyses, comparison of the mean stake in conformity scores for the three outcome levels, and multivariate analyses were performed for data analysis. Findings did not support the hypothesis. Possible reasons are discussed and the problem of predicting treatment outcomes is highlighted. Footnotes, 15 tables, a bibliography of over 60 references, and the study instrument are provided. (Author abstract modified). Submitted in partial fulfillment of the requirements for the degree of Doctor of Social Welfare to the University of Maryland, 1980.

290. Turnbull, H. Rutherford.
North Carolina Univ. at Chapel Hill. Inst. of Government.
Community-Based Residences for Mentally Handicapped People.
1980, 22p
SHR-0008799 Available from Institute of Government, Knapp Building 059A, University of North Carolina, Chapel Hill, NC 27514.

This paper focuses on the issues surrounding the location of group homes for mentally handicapped adults and children and argues that it is now appropriate to view the location of these homes as an intergovernmental problem, not one that affects only State government or local

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government. The situation in North Carolina is discussed in this context. The article also contends that the location of group homes is a controversial issue because of a general misunderstanding regarding what a group home is about and its effect on the community, and confusion about the distinction between mentally handicapped and mentally ill persons. Local and State government interests in the location of group homes are different. Local interests include zoning and the unusual effect of localities becoming "institutionally impacted," whereby certain areas have too many sites for mental retardation facilities while other areas have none. State interests include State funding and licensing as well as legal requirements. The intergovernmental nature of the problem of siting group homes is further shown by the fact that Federal, State, and county governments often jointly fund services to mentally retarded persons. North Carolina's State and local governments have not accommodated each others' interests in establishing group homes. Despite the substantial merit of House Bill 277 (1975) and Senate Bill 626 (1979), the problem of siting these group homes has not yet been addressed. Myopic views of the group home movement, the lack of joint problem–solving efforts, and the lack of data collection will result in the courts continuing to make decisions about where group homes should be sited. A total of 73 footnotes are provided.

291. United Cerebral Palsy of Broward County, Inc., Fort Lauderdale, FL.
Strengthening Individual and Family Life: Workshop Proceedings.
Nov 80, 141p
SHR-0008536 Available from United Cerebral Palsy Associations, Inc., 66 East 34th Street, New York, NY 10016.

This report presents papers given at a workshop on strengthening individual and family life skills for handicapped persons, especially persons handicapped with cerebral palsy. Papers focus on interpersonal relationships, emotional functioning, daily living, and coping skills. Discussions cover family life skills and program planning, mental health, strategies for facilitating interpersonal skills, and counseling techniques in self–development for young people with cerebral palsy. Other papers highlight family crises and stress, constructive support systems, and basic considerations in marriage and parenthood decisions. Papers on how the family can help or hinder a disabled person's development, how to fulfill the mothering role from a wheelchair, how to help a child set and reach realistic goals, and how to help adolescents develop socially and interpersonally are included. Problems handicapped adolescents encounter in dating and with peers are dealt with as are concerns in realizing sexual potential and acknowledging sexual limitations. The theme pervading all papers at the workshop is the ability of handicapped individuals to live their own lives as independently as possible. Many of the papers were written by handicapped persons or individuals who care for them. Footnotes and references are provided. Conducted at Fort Lauderdale, Florida, on November 10-12, 1980.

292. United States Conference of Mayors, Washington, DC.
Administering Aging Programs: Structuring an Office on Aging in City Government. Volume 2.
Jan 81, 19p
SHR-0008116 Available from United States Conference of Mayors, 1620 Eye Street NW, Washington, DC 20006.

To aid mayors and other city officials in making decisions regarding services to older citizens, this report presents background information on the increasing involvement of cities in aging programs and some comparative data on how cities are currently organizing offices serving the aged. In addition, key issues associated with establishing an aging office in city government are identified. They include such administrative issues as the need for funding, stability, staffing,

planning, and coordination; such political issues as community visibility and citizen involvement; and such organizational issues as disruption of city services, staff experience, and authority over the program. Organizational options for structuring an office on aging are presented. These might involve locating the office on aging in the mayor's office, the city council staff offices, the city manager's office, a separate cabinet department, an agency outside of government, or an office under a special aging advisory council / task force. Another option is establishing a special ombudsman position. Each of these options is analyzed in terms of its organizational location, roles / levels of responsibility, types of coordination with other agencies, and advantages and disadvantages. Case studies illustrate how different cities have employed these options in organizing their aging services. A few data tables and organizational charts are included. (Author abstract modified). See also volume 1, SHR-0008114.

293. United States Conference of Mayors, Washington, DC.
Administering Aging Programs: Assessing the Role of Cities in Aging Programs. Volume 1.
Jan 81, 23p
SHR-0008114 Available from United States Conference of Mayors, 1620 Eye Street NW, Washington, DC 20006.

The first in a series, this volume is intended to help mayors and other city officials analyze roles the city might choose in planning, administering, and managing programs for their older citizens. Alternative functions for cities to assume in aging programs are discussed, including comparing service versus nonservice approaches and assessing the requirements of services' functions. Role options for cities, such as coordinator, service funder, advocate, service access provider, and direct service provider, are delineated. An appended self-assessment guide is designed for use by key departmental staff in developing recommendations to the mayor and other local officials on roles the city may play in aging programs. The guide is intended to provide a sense of direction as to the feasibility and desirability of cities' involvement in aging programs and service delivery, given the unique nature of each city. The self-assessment guide addresses three basic issues: the capacity and commitment of the city toward assuming responsibility for three functions (planning and managing aging programs, providing access services to older citizens, and providing direct services to older citizens; whether the city is interested in seeking designation as an Area Agency on Aging (AAA) as a means for fulfilling functional priorities; and other administrative / structural role options the city might pursue to increase its involvement in aging programs. See also volume 2, SHR-0008115.

294. Utah Dept. of Social Services, Salt Lake City.
Unification of Social Services: The Utah Experience.
Jul 80, 84p
SHR-0005739 Available from Andrew L. Gallegoo, Executive Director, Utah State Department of Social Services, 150 West North Temple, Suite 310, PO Box 2500, Salt Lake City, UT 84110.

An introduction to the history and current status of the efforts to unify Utah's social services is provided. Despite the fact that much of the Utah experience is too recent to have been fully evaluated, indications are strong that progress is being made toward overcoming the lack of coordination and other service delivery problems in the State. The following unification concepts upon which the Utah strategy is based are discussed: (1) colocation of multiservice providers in decentralized facilities; (2) single-point administration in each service delivery area; (3) common support systems to avoid expensive and duplicative operations; (4) comprehensive human service planning and unified budgets at

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the local level; (5) shared governance with an emphasis on maximizing local input and direction; and (6) social service delivery in a locally based system that includes a clearly defined client pathway, staffing for case management, and the organization of subunits based on the functions performed by staff rather than on their former categorical specialties. Also included is a brief discussion of those aspects of the unification strategy that involve a restructuring of the Utah Department of Social Services to better support the implementation of the six concepts at the local level. A progress report traces efforts to implement the strategy in rural Utah and in an urban area. Other areas considered are future plans for administrative changes at the State level and the nature and outcome of evaluations of the strategy to date. Appended are documents pertaining to the planning and implementation of the unification strategy, and exhibits portray various aspects of the unification strategy. Charts and other illustrations are included. (Author abstract modified).

295. Weissblum, Natalie M.
Walls: A Descriptive Study of Residents Living in SRO Hotels in New York City and Their Use of General Social Service Programs.
Dec 80, 330p
SHR-0008528 Available from University Microfilms International, 300 North Zeeb Road, Ann Arbor, MI 48106.

This study investigated the different types of general social service programs provided by outside agencies in six single–room occupancy (SRO) hotels in New York City. Each facility was categorized as providing either maximum (eight or more), moderate (six to seven), or minimum (three to five) onsite general social service programs to their residents. The theoretical works of Maslow (1970), Murray (1934), and Caplan (1974) provided the foundations for the study. Maslow and Murray postulated that the person's basic needs must be met before they can function on a higher plane of interaction in society, and Caplan theorized that social support systems are essential in assisting individuals to maintain themselves over a period of time. A Likert Scale instrument was developed to measure resident satisfaction with the hotel, relationships within the hotel, and resident use of both onsite and community–based services. The questionnaire was administered to 247 respondents living in the 6 hotels. Findings indicated that respondents living in SRO hotels with maximum onsite social service programs received a higher score on the Satisfaction with Hotel Accommodations Scale than those living in moderately and minimally serviced facilities. However, respondents of the maximally serviced hotels did not obtain a high score on the Hotel Relationship Scale. The findings also showed underuse of many of the social service programs by those living in maximally serviced hotels. The services deemed essential for residents involved the presence of an onsite coordinator and adequate food and medical programs. Findings imply that maximally serviced hotels are meeting residents' needs but are fostering a dependency that mitigates against the development of social supports that might help the resident gain autonomy. Tables, reference notes, and about 30 references are provided. Appendices include questionnaires, the scales used, and a description of the hotels studied. (Author abstract modified). A research project submitted in partial fulfillment of the requirements for the degree of Doctor of Social Welfare to Adelphi University, 1980.

296. Working Group for Community Development Reform, Washington, DC.
Monitoring Community Development: The Citizens' Evaluation of the Community Development Block Grant Program.
Jun 80, 71p
SHR-0003740 Available from Working Group for Community Development Reform, 1000 Wisconsin Avenue NW, Washington DC 20007.

A study of the Community Development Block Grant program was conducted by citizen monitors in 36 cities and counties throughout the United States and focuses especially on a series of issues related to the basic quality and impact of the local governments' performance in the areas of housing and economic development programming under the block grant program. Sites for the monitoring were selected according to stated criteria, and a standard citizen monitoring form was used. A troubling pattern emerges from the research, showing that many local governments have severe difficulty setting goals, developing the capacity to pursue these goals, and evaluating their progress. Local mayors, city councils, citizens, and HUD often do not have the basic information they need to monitor the block grants effectively. These performance problems raise questions concerning HUD's procedures of performance monitoring and postaudits. Site visits by HUD are too brief, infrequent, and isolated from sources of criticism, and HUD's sanctions for inadequate applications or poor performance are not applied effectively. As a result, too much discretion occurs in Area Offices, and these offices fail to follow up on compliance matter. Also, HUD has generally failed to apply one of the most effective sanctions—a halt or slowing in the drawdown of funds to cover administrative costs. Other problems revealed in the study concern eligibility of activities to be funded with block grant money, targeting of truly low-income people, displacement caused by economic development programs, failure to develop jobs and business opportunities for the unemployed, and failure of the Housing Assistance Plan to live up to its potential. The citizen monitoring approach ran into several obstacles besides inadequate information and including hostility from local governments. The project design, evaluation of separate components of the block grant program and recipients' compliance with requirements, and the background of the block grant program are all discussed in detail, and recommendations are made. Appendices contain a listing of study groups and sites, profiles of monitoring groups, and a table of selected characteristics of the jurisdictions monitored.

297. Wright, J. Ward.
Council of State Governments, Lexington, KY.
Tax and Expenditure Limitation: A Policy Perspective.
Feb 81, 48p
SHR-0008794 Available from Order Department, The Council of State Governments, PO Box 11910, Lexington, KY 40578.

This report is written for the information of State legislators and executives who are considering the use of tax and expenditure limitations (TEL) as a means of gaining control of ever increasing governmental costs. It examines some of the more difficult analytical problems associated with the development and application of economic indexes, such as level of personal income, growth of the economy, and rise in the consumer price index. The application of these nationally developed tools to State and local purposes, the designation of base periods to which they apply, and the problems of limiting revenues that are elastic with respect to the economy will pose serious theoretical and practical problems to the drafters of TEL legislation. Attempts to limit expenditure likewise pose difficulties, given the large number of specialized funds with which most State governments operate. All of these factors must deal with the necessity of governments to provide ongoing services while being in the best possible position to meet life-threatening emergencies. In addition to these problems, the report also raises the difficulties of developing data bases necessary to administer effective programs of limitations. Also discussed are the shortcomings inherent in TEL's, since these types of limitations are no substitute for the development of equitable systems of taxation, improved government productivity, and responsive and effective bureaucracies. Notes are provided. (Author abstract modified).

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298. Zamarripa, Sam J.; and Goldstein, Felicia.
Georgia Dept. of Human Resources, Atlanta.
Respite Services: Temporary Support to People Who Are Mentally Retarded and Their Families.
1980, 89p
SHR-0008506 Available from Sam Zamarripa, 339 Josephine Street, Atlanta, GA 30307.

This publication outlines a respite services system for people who are mentally retarded. It has been written principally for planners and service managers who are currently developing or managing a residential service system. The manual can also be used by parents, students, and other groups interested in the assumptions behind respite care, its impact upon both the family and the disabled person, and the relationship of respite services and the larger residential system. The purpose and goals of respite services are discussed, along with options and alternatives of respite service, both formal and informal. Design and management considerations for respite services include clear articulation of principles and ideologies that underlie service planning and operation, a well-defined and manageable regional area of services that is accessible, a commitment to data collection and analysis, consumer and public participation, and personnel development training. Also covered are recruitment of respite providers and operating procedures for a respite service. The latter include entry and exit criteria, elements of a respite service contract, and minimum standards for such a service. A variety of forms to be used in respite service operations are illustrated. The reference list is comprised of 34 entries. Charts, figures, and tables are also supplied.

299. Zawadski, Rick T.; and Ansak, Marie-Louise.
On Lok Senior Health Services, San Francisco, CA.
On Lok's CCODA: The First Two Years.
Jun 81, 19p
SHR-0008820 Available from On Lok Administration, 1441 Powell Street, San Francisco, CA 94133.

This technical report describes the development of On Lok's Community Care Organization for Dependent Adults (CCODA) and presents data from the first 2 years of operation, with a focus on the feasibility and acceptability of this innovative service program. On Lok means "happy, peaceful abode" in Chinese. The CCODA is a product of community concern for the frail older residents of the Chinatown–North Beach area in San Francisco. The organization is a freestanding, community-based model program that assists the elderly in helping themselves by providing directly all long-term care services from social support to hospitalization. This support system, together with the family, helps the elderly remain in their own homes and in their own community. On Lok coordinates all long-term care services, but instead of referring to other providers, delivers those services directly. The CCODA services only those clients who actually have been certified as eligible for institutional (skilled nursing or intermediate) care. In addition to and building on its service program base, On Lok is involved in housing, training, technical assistance, and research. The research efforts at On Lok seek to build a body of knowledge based on real world experiences with service systems in long-term care. The report contains charts, graphs, photographs, and eight references. (Author abstract modified). Technical report no. 300.

300. Zimmerman, Joseph F.
Advisory Commission on Intergovernmental Relations, Washington, DC.
Measuring Local Discretionary Authority: An Information Report.
Nov 81, 77p
SHR-0008953 Available from Advisory Commission on Intergovernmental Relations, 1111 20th Street NW, Room 2000, Washington, DC 20575.

300.

This study developed an index for the different types of general purpose local government units in each of the 50 States. For this purpose, local discretionary authority was defined as the power of a local government to conduct its own affairs. Data were obtained for each State by examining the constitutions and statutes, court decisions, and other material and by a mail questionnaire survey of public officials and experts on State–local relations. The questionnaire sought these individuals' views on the extent to which various types of local governments actually exercise discretionary authority. Respondents were also asked their preferences for various kinds of State legal provisions affecting local discretionary authority. The report provides an account of the evolution of the basic State–local power relationship, including the two main approaches to constitutional protection for local discretionary powers (home rule) that have produced the existing patterns of State–local relations in States with a constitutional grant of local discretionary authority. Findings indicate that cities nationwide have about an equal amount of discretionary authority in regard to their structure of government, functions, and personnel; cities in Arizona, Illinois, Maine, and Texas have the broadest financial discretion; and counties have been granted significantly fewer powers than have cities. Findings regarding the actual use of discretionary authority point out that charter amendments are rarely made by cities and that the greatest increase in the use of discretionary powers occurred in the functional area. Recommendations in previous reports of the Advisory Commission on Intergovernmental Relations and a description of the indices of local discretionary authority are provided. Data tables, the questionnaire, and footnotes are included. Report M-131.

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